CBC Radio-Canada KATHERINE BLACK <katherine.black@cbc.ca>

Fwd: En ligne | Online : Trusted News Initiative (réseau Asie-Pacifique | Asia-Pacific network)

1 message

Martine Menard <martine.menard@cbc.ca> Wed, Jul 5, 2023 at 5:35 PM
To: KATHERINE BLACK <katherine.black@cbc.ca>

ATI - Trusted News Initiative

Martine Ménard
Chief of Staff,
Office of the President & CEO
Chef de cabinet
Bureau de la Présidente-directrice générale
CBC/Radio-Canada
(613) 288-6184
martine.menard@cbc.ca

CBC Radio-Canada

---------- Forwarded message ---------
From: **Marie-Ève Roy** <marie-eve.roy@radio-canada.ca>
Date: Wed, Nov 9, 2022 at 6:25 PM
Subject: En ligne | Online : Trusted News Initiative (réseau Asie-Pacifique | Asia-Pacific network)
To: Corporate Development | Développement d'entreprise <corporate-development-developpement-entreprise-grp@cbc.ca>, Press Releases and Social Media - Corporate Communications <press-release-social-corporate@radio-canada.ca>

Bonsoir à toutes et à tous, Hello everyone,

Nous avons publié ce communiqué de presse aujourd'hui sur notre site web institutionnel (externe) :
La Trusted News Initiative crée un réseau Asie-Pacifique
FR – https://cbc.radio-canada.ca/fr/salle-de-presse/trusted-news-initiative-en-asie-pacifique

We posted this press release today on our Corporate website (external):
Trusted News Initiative creates Asia-Pacific network
EN – https://cbc.radio-canada.ca/en/media-centre/trusted-news-initiative-in-asia

Have a great evening, bonne soirée,
Marie-Ève

Marie-Ève Roy
Première cheffe, Stratégie éditoriale des contenus
Communications institutionnelles
Senior Manager, Content Editorial Strategy
Corporate Communications

--
You received this message because you are subscribed to the Google Groups "Press Releases and Social Media - Corporate Communications" group.

To unsubscribe from this group and stop receiving emails from it, send an email to press-release-social-corporate+unsubscribe@radio-canada.ca.
To view this discussion on the web visit [redacted]

s.16(2)(c)

Trusted News Initiative creates Asia-Pacific network

Nov 9, 2022

Partners in the Trusted News Initiative (TNI) have agreed to further expand its global representation by creating a regional Asia-Pacific network.

The media organisations that now make up TNI's new Asia-Pacific network have received training, funded by the Google News Initiative, to help their journalists navigate the disinformation environment.

The TNI is an industry collaboration of major news and global tech organisations, led by the BBC, working together to stop the spread of disinformation where it poses risk of real-world harm. The creation of the Asia-Pacific network will enable the TNI's regional partners to share their insights about tackling disinformation and discuss trends in the region. They will draw on their expertise to share best practices and findings with the wider TNI and alert each other to the most dangerous forms of disinformation through the TNI cooperative framework.

The TNI is expanding its Asia-Pacific presence with the addition of the following group of independent news organisations:

- ABC (Australia)
- Dawn (Pakistan)
- Indian Express (India)
- Kompas (Indonesia)
- NDTV (India)
- NHK (Japan)
- SBS (Australia)

Senior Controller of BBC News International Services and BBC World Service Director, Liliane Landor, says: "With the creation of TNI's first regional network, we are bringing together trusted Asia-Pacific news-publishing organisations to further reinforce our collaboration and to make it even more efficient and productive."

Head of Google News Lab, Matt Cooke, says: "As part of the Google News Initiative's ongoing efforts to strengthen journalism and fight misinformation, we've worked with a range of academics, news organisations and nonprofits across the globe for several years. Now, we're supporting the Trusted News Initiative to deliver targeted, expert training workshops on a variety of digital tools to help journalists as they seek to continue day-to-day verification and fact-checking in newsrooms across the region."

Current TNI partners include AP, AFP, BBC, CBC/Radio-Canada, European Broadcasting Union (EBU), Financial Times, Google/YouTube, The Hindu, Information Futures Lab, Meta (Facebook/Insta

Financial Times, Google/YouTube, The Hindu, Information Futures Lab, Meta (Facebook/Instagram), Microsoft, The Nation Media Group, Reuters, Reuters Institute for the Study of Journalism, Twitter, and The Washington Post.

The TNI partnership works collectively in four main areas:

- **Fast Alert**: creating a system so organisations can alert each other rapidly when they discover disinformation which threatens human life or disrupts democracy
- **Intelligence sharing**: real-time conversation of equals between news organisations and tech platforms about the evolving nature of harmful disinformation
- **Media education**: sharing insights and research on how audiences and users react to disinformation, thus informing best practice and supporting better digital literacy
- **Engineering solutions**: sharing information on engineering solutions for authentication of trusted news sources and improving the information environment

This is entirely separate from, and does not in any way affect, the editorial stance of any partner organisation.

CBC/Radio-Canada announced its participation (https://cbc.radio-canada.ca/en/media-centre/trusted-news-charter-fight-disinformation) in the Trusted News Initiative in September 2019.

JOURNALISM INTERNATIONAL

Media contact:

Leon Mar
Director, Media Relations and Issues Management | Corporate Spokesperson
CBC/Radio-Canada
cell. 647 616-5768
leon.mar@cbc.ca (mailto:leon.mar@cbc.ca)

You might also like

Jun 29, 2023

Celebrate Canada Day with CBC/Radio-Canada! (/en/media-centre/canada-day-programming-2023)

On July 1, CBC/Radio-Canada will offer special programming on all of its platforms.

ACROSS THE COUNTRY

Jun 22, 2023

South Korean public broadcaster's viability in question in the face of funding threat: Global Task Force for public media (/en/media-centre/south-korean-public-broadcaster-funding-independence-under-threat)

A proposal to fundamentally alter the funding mechanism for the Korean Broadcasting System (KBS) threatens to undermine its independence and financial stability.

JOURNALISM

Jun 14, 2023

CBC/Radio-Canada celebrates National Indigenous History Month (/en/media-centre/national-indigenous-history-month-2023)

The national public broadcaster is offering special programming showcasing the stories, experiences and achievements of Indigenous Peoples in Canada.

INDIGENOUS

La Trusted News Initiative crée un réseau Asie-Pacifique

9 nov. 2022

Les partenaires de la Trusted News Initiative (TNI) ont convenu d'accroître la représentation de cette initiative à l'échelle mondiale en créant un réseau Asie-Pacifique.

Les organisations médiatiques composant ce nouveau réseau régional ont reçu une formation, financée par la Google News Initiative, afin d'aider leurs journalistes à évoluer dans un environnement contaminé par la désinformation.

Pilotée par la BBC, la TNI réunit de grands médias d'information et des géants des technologies qui luttent ensemble contre la propagation de la désinformation lorsque celle-ci risque d'avoir des conséquences concrètes. La création du réseau Asie-Pacifique permettra aux partenaires de la TNI dans cette région de discuter des tendances régionales et de leurs points de vue respectifs sur la lutte contre la désinformation. Ils pourront mettre à profit leur expertise pour échanger des renseignements et des pratiques exemplaires avec l'ensemble des membres de la TNI, et lancer l'alerte dans le groupe lorsqu'ils repèrent des tentatives de désinformation relevant des formes les plus dangereuses.

Voici les médias d'information indépendants de la région Asie-Pacifique qui se joignent à la TNI :

- ABC (Australie)
- Dawn (Pakistan)
- Indian Express (Inde)
- Kompas (Indonésie)
- NDTV (Inde)
- NHK (Japon)
- SBS (Australie)

« Avec la création du premier réseau régional de la TNI, nous réunissons des médias d'information de confiance de la région Asie-Pacifique afin de renforcer notre collaboration et de la rendre encore plus efficace et productive », a affirmé Liliane Landor, contrôleuse principale des services internationaux de BBC News et directrice de BBC World Service.

« Nous collaborons depuis plusieurs années avec des universitaires, des médias d'information et des organismes sans but lucratif de partout dans le monde dans le cadre des travaux de la Google News Initiative visant à consolider le journalisme et à lutter contre la désinformation », a expliqué Matt Cooke, responsable du Google News Lab. « À l'heure actuelle, nous aidons la Trusted News Initiative à offrir des ateliers de formation spécialisés et ciblés sur un éventail d'outils numériques que les journalistes peuvent utiliser pour assurer au quotidien la vérification des faits dans les salles de nouvelles de la région. »

En ce moment, les partenaires de la TNI comprennent l'Associated Press, l'AFP, la BBC, CBC/Radio-Canada, l'Union Européenne de Radio-Télévision (UER), le *Financial Times*, Google/YouTube, *The Hindu*, l'Information Futures Lab, Meta (Facebook/Instagram), Microsoft, le Nation Media Group, Reuters, le Reuters Institute for the Study of Journalism, Twitter, et *The Washington Post*.

Le travail en collaboration des partenaires de la TNI s'articule autour de quatre axes :

- **Alerte rapide** : Créer un système permettant aux organisations d'alerter rapidement les autres membres lorsqu'elles repèrent des tentatives de désinformation menaçant la vie humaine ou la démocratie.
- **Communication de renseignements** : Permettre des conversations d'égal à égal en temps réel entre des médias d'information et des plateformes technologiques sur la nature changeante de la désinformation nuisible.
- **Éducation aux médias** : Favoriser la circulation de renseignements et de résultats de recherche sur la manière dont les auditoires et les utilisateurs réagissent à la désinformation, dans le but d'adopter des pratiques exemplaires et de soutenir une meilleure littératie numérique.
- **Solutions technologiques** : Permettre l'échange de renseignements sur des solutions technologiques pour authentifier les sources de nouvelles fiables et améliorer l'environnement de l'information.

Cette initiative est complètement indépendante, et n'a aucun effet quel qu'il soit sur la position éditoriale des partenaires qui la composent.

CBC/Radio-Canada a annoncé sa participation (https://cbc.radio-canada.ca/fr/salle-de-presse/trusted-news-charter-combattre-desinformation) à la *Trusted News Initiative* en septembre 2019.

JOURNALISME INTERNATIONAL

Personne-ressource pour les médias :

Leon Mar
Directeur, Relations avec les médias et Gestion des enjeux | Porte-parole institutionnel
CBC/Radio-Canada
cell. 647 616-5768
leon.mar@radio-canada.ca (mailto:leon.mar@radio-canada.ca)

Vous aimerez aussi

29 juin 2023

Célébrez la fête du Canada avec CBC/Radio-Canada! (/fr/salle-de-presse/programmation-de-la-fete-du-canada-2023)

Le 1er juillet, CBC/Radio-Canada offrira une programmation spéciale sur l'ensemble de ses plateformes.

PARTOUT AU PAYS

22 juin 2023

Le Groupe de travail mondial pour les médias publics dénonce la mise en péril du financement du diffuseur public de la Corée du Sud (/fr/salle-de-presse/peril-du-financement-independance-du-diffuseur-public-de-la-coree-du-sud)

Une proposition visant à transformer fondamentalement le mode de financement de Korean Broadcasting System (KBS) met en péril l'indépendance et la stabilité financière du diffuseur.

JOURNALISME

14 juin 2023

CBC/Radio-Canada célèbre le Mois national de l'histoire autochtone (/fr/salle-de-presse/mois-de-l-histoire-nationale-autochtone-2023)

Le diffuseur public offre une programmation spéciale qui souligne les histoires, les expériences et les réalisations des peuples autochtones au Canada.

AUTOCHTONES

CBC Radio-Canada Catherine Tait <catherine.tait@cbc.ca>

Thank you!

3 messages

Catherine Tait <catherine.tait@cbc.ca> Thu, Dec 8, 2022 at 1:53 PM
To: [redacted]

Dear Minister Mendicino,

I wanted to thank you, for taking the time to meet with me last week, for your participation in the Carleton University event “Journalists and Online Hate”, and most importantly, for adding your voice in support of addressing online harassment targeting journalists.

The need for that support and action is urgent. In recent days even the women journalists who appeared with you on that Carleton panel have actually faced more online abuse directed at them because of their participation. As I mentioned, we are doing all we can to support journalists but we do need help, from police, and from legislation.

I also wanted to repeat my offer to share our work on disinformation through the Trusted News Initiative and Project Origin. As your Deputy prepares for your Disinformation event with G7 Ministers in the new year, we would be pleased to share what we have learned.

We will keep you updated on our work, and look forward to meeting again when we have progress to share with you.

Until then, thanks again, and I wish you a peaceful and joyous holiday.

Sincerely,

Catherine Tait

CBC Radio-Canada

Mendicino, Marco - Personal [redacted] Fri, Dec 9, 2022 at 11:17 AM
To: Catherine Tait <catherine.tait@cbc.ca>
Cc: "Jones, Mike" <Mike.Jones@ps-sp.gc.ca>, "Zaia, Reem" <Reem.Zaia@ps-sp.gc.ca>, "Cohen, Alexander" <Alexander.Cohen@ps-sp.gc.ca>

This is very kind of you to write

I’m copying my team here to connect with you so we can share information and benefit from your research in the Trusted News Initiative and Project Origin platforms.

I will do whatever I can to advance the protection of journalists from online harm despite the many challenges and perils that exist within the digital public square.

M

Get Outlook for iOS

s.19(1)

From: Catherine Tait <catherine.tait@cbc.ca>
Sent: Thursday, December 8, 2022 1:54 PM
To: Mendicino, Marco - Personal
Subject: Thank you!

[Quoted text hidden]

Catherine Tait <catherine.tait@cbc.ca> Tue, Dec 13, 2022 at 2:10 PM
To: Martine Menard <martine.menard@cbc.ca>

CBC Radio-Canada

[Quoted text hidden]

CBC Radio-Canada

s.17
s.19(1)

Catherine Tait <cjtait@cbc.ca>

Fwd: A copy of [redacted] speech

1 message

Martine Menard <martine.menard@cbc.ca> Fri, Nov 18, 2022 at 3:42 AM
To: Catherine Tait [redacted]

Fyi .. I informed him we wanted to share with our Board … he is fine with that as long as label it confidential .

---------- Forwarded message ---------
From: [redacted]
Date: Fri, Nov 18, 2022 at 1:08 PM
Subject: RE: A copy of [redacted] speech
To: Martine Menard <martine.menard@cbc.ca>

Martine

This is not quite as delivered, but it is what the script was!

Also, it's not for external use, but very happy for you and Catherine to have a copy.

Let me know if you have any questions about it.

[redacted]

From: Martine Menard <martine.menard@cbc.ca>
Sent: 18 November 2022 00:08
To: [redacted]
Subject: A copy of [redacted] speech

Hey there - [redacted] .hope you enjoyed last night's reception.

Catherine was wondering if she could get a copy of [redacted] remarks - from yesterday - are they published anywhere?

Thank you [redacted]

s.19(1)

s.20(1)(b)

Martine Ménard

Chief of Staff,

Office of the President & CEO
Chef de cabinet

Bureau de la Présidente-directrice générale

CBC/Radio-Canada

(613) 288-6184

martine.menard@cbc.ca

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--

CBC Radio-Canada

Martine Ménard
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[redacted]

221117 [redacted] - DG Speech v1.docx
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Pages 21 to / à 30

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20(1)(b)

of the Access to Information Act

de la Loi de l'accès à l'information

Pages 31 to / à 32

are withheld pursuant to sections

sont retenues en vertu des articles

17, 18(b), 20(1)(b), 21(1)(b), 23, 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

Page 33

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est retenue en vertu des articles

18(b), 20(1)(b), 21(1)(b), 23, 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

Page 34

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17, 18(b), 19(1), 21(1)(b), 23, 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

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17, 18(b), 19(1), 20(1)(b), 23, 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

Page 36

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18(b), 19(1), 23, 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

Page 37

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17, 18(b), 19(1), 20(1)(b), 23, 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

CBC Radio-Canada

BRODIE FENLON <brodie.fenlon@cbc.ca>

Fwd: Fake article about CBC with [redacted]

KENNY YUM <kenny.yum@cbc.ca> Wed, Aug 10, 2022 at 11:00 AM
To: BRODIE FENLON <brodie.fenlon@cbc.ca>, Susan Marjetti <susan.marjetti@cbc.ca>, Chris Carter <chris.carter@cbc.ca>, ANDREE LAU <andree.lau@cbc.ca>

just fyi these fake screenshots I've reported to TNI, our initiative with BBC on trusted news.

---------- Forwarded message ---------
From: **KENNY YUM** <kenny.yum@cbc.ca>
Date: Wed, Aug 10, 2022 at 10:59 AM
Subject: Re: Fake article about CBC with [redacted]
To: CLAUDE GALIPEAU <claude.galipeau@cbc.ca>
Cc [redacted] Catherine Lefrancois <catherine.lefrancois@radio-canada.ca>, [redacted], Joe Hill <joe.hill@cbc.ca>, PHILIPPE EDMOND <philippe.edmond@cbc.ca>

[redacted]

On Wed, Aug 10, 2022 at 10:48 AM CLAUDE GALIPEAU <claude.galipeau@cbc.ca> wrote:
+ Kenny fyi

On Wed, Aug 10, 2022 at 9:48 AM [redacted] wrote:
Bonjour Catherine,

I reported a Tweet to [redacted] yesterday ([redacted] for incitement to harass)

I reported two Tweets directly to Twitter using the abuse form ([redacted] for incitement, and [redacted] for posting a fake)
(https://help.twitter.com/en/forms/safety-and-sensitive-content/abuse/legal-rep)

As observed previously by us, Twitter doesn't seem to even acknowledge these abuse submissions with an email (i.e. thanks, we're working on it ..etc).

The incidents were reported to [redacted] manually, and not picked up by their scan engine.

Let me know if you need anything else
[redacted]

On Wed, 10 Aug 2022 at 08:37, Catherine Lefrancois <catherine.lefrancois@radio-canada.ca> wrote:
Good morning [redacted] and [redacted]

I am flagging this Tweet below.

I've noticed that [redacted] has been cc'd on this last email, I don't mean to overstep the process but thought you would want to know.

Has this been picked up by [redacted]

Thanks,

Cath

---------- Forwarded message ---------
From: **Chris Carter** <chris.carter@cbc.ca>
Date: Tue, Aug 9, 2022 at 9:19 PM
Subject: Fwd: Fake article about CBC with [redacted]
To: Andree Lau <andree.lau@cbc.ca>, BRODIE FENLON <brodie.fenlon@cbc.ca>, Chuck Thompson <chuck.thompson@cbc.ca>, Irene Thomaidis <irene.thomaidis@cbc.ca>, [redacted]

Hi all, Sorry to bother you this late but wanted you to be aware that someone has created a fake article with a CBC template and [redacted] and it is being amplified by [redacted] and [redacted] among others. I haven't been able to find an actual webpage - just this (faked) screenshot they are sharing on Twitter. One of the accounts is using it to urge people to spew abuse at [redacted] online.

Wondering what is the best approach - report it to Twitter? Tweet replies?

---------- Forwarded message ---------
From: [redacted]
Date: Tue, Aug 9, 2022 at 9:10 PM
Subject: Fake article about CBC with [redacted]
To: Chris Carter <chris.carter@cbc.ca>

Hi Chris,

Someone made a fake article with [redacted] and are starting to spread it on social media. What should I do in a case like this?

Someone direct messaged me about it and said [redacted] sent it to them. But I don't see him posting it publicly so I can't verify that.

There doesn't appear to be a link to a fake article.

[redacted]

Page 40

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17

of the Access to Information Act

de la Loi de l'accès à l'information

Page 42

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est retenue en vertu de l'article

17

of the Access to Information Act

de la Loi de l'accès à l'information

--

[redacted]
Cell: [redacted]
email: [redacted]
cbcnews.ca/[redacted]

--

Chris Carter
Managing Editor and Bureau Chief,
CBC News Parliamentary Bureau
www.CBCNews.ca/politics

T: [redacted]
chris.carter@cbc.ca

--

Brodie Fenlon
Editor In Chief, Executive Director of Programs and Standards
CBC News
Pronouns: he and him
@brodiefenlon

Amanda Pyle
Executive Assistant
amanda.pyle@cbc.ca

--

CBC Radio-Canada

Claude Galipeau
Executive Vice-President, Corporate Development
Vice-président principal, Développement d'entreprise

--

Catherine Lefrançois
[redacted]

--

[redacted]
CBC/Radio-Canada | 250 Front Street West, Toronto, Ontario M5V 3G5
Office [redacted] | Mobile [redacted]

Technology & Infrastructure
Technologies et Infrastructures

CBC Radio-Canada

Claude Galipeau
Executive Vice-President, Corporate Development
Vice-président principal, Développement d'entreprise

Kenny Yum
Senior Director, Innovation and Partnerships
CBC News, Current Affairs and Local
kenny.yum@cbc.ca |

Kenny Yum
Senior Director, Innovation and Partnerships
CBC News, Current Affairs and Local
kenny.yum@cbc.ca |

CBC Radio-Canada

BRODIE FENLON <brodie.fenlon@cbc.ca>

Fwd: Fake article about CBC with [redacted]

Susan Marjetti <susan.marjetti@cbc.ca> Wed, Aug 10, 2022 at 12:58 PM
To: KENNY YUM <kenny.yum@cbc.ca>
Cc: ANDREE LAU <andree.lau@cbc.ca>, BRODIE FENLON <brodie.fenlon@cbc.ca>, Chris Carter <chris.carter@cbc.ca>

Thanks Kenny

On Wed, Aug 10, 2022 at 12:30 PM KENNY YUM <kenny.yum@cbc.ca> wrote:

Some advice from BBC - I've passed on to security team.

---------- Forwarded message ---------

[redacted]

[redacted]

s.17

s.19(1)

On Wed, Aug 10, 2022 at 10:59 AM KENNY YUM <kenny.yum@cbc.ca> wrote:

[redacted]

> On Wed, Aug 10, 2022 at 10:48 AM CLAUDE GALIPEAU <claude.galipeau@cbc.ca> wrote:
> + Kenny fyi
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> On Wed, Aug 10, 2022 at 9:48 AM [redacted] wrote:
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> (https://help.twitter.com/en/forms/safety-and-sensitive-content/abuse/legal-rep)
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> As observed previously by us, Twitter doesn't seem to even acknowledge these abuse submissions with an email (i.e. thanks, we're working on it ..etc).
>
> The incidents were reported to [redacted] manually, and not picked up by their scan engine.
>
> Let me know if you need anything else
> [redacted]
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> I am flagging this Tweet below.
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> I've noticed that [redacted] has been cc'd on this last email, I don't mean to overstep the process but thought you would want to know.
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> Has this been picked up by [redacted]?
>
> Thanks,
>
> Cath
>
> ---------- Forwarded message ---------
> From: **Chris Carter** <chris.carter@cbc.ca>
> Date: Tue, Aug 9, 2022 at 9:19 PM
> Subject: Fwd: Fake article about CBC with [redacted]
> To: Andree Lau <andree.lau@cbc.ca>, BRODIE FENLON <brodie.fenlon@cbc.ca>, Chuck Thompson <chuck.thompson@cbc.ca>, Irene Thomaidis <irene.thomaidis@cbc.ca>, [redacted]

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Wondering what is the best approach - report it to Twitter? Tweet replies?

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From: [redacted]
Date: Tue, Aug 9, 2022 at 9:10 PM
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s.17

s.19(1)

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[redacted]

Page 48

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Page 50

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--

[redacted]
Cell: [redacted]
email: [redacted]
cbcnews.ca/[redacted]

--

Chris Carter
Managing Editor and Bureau Chief,
CBC News Parliamentary Bureau
www.CBCNews.ca/politics

T: [redacted]
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--

Brodie Fenlon
Editor In Chief, Executive Director of Programs and Standards
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@brodiefenlon

Amanda Pyle
Executive Assistant
amanda.pyle@cbc.ca

--

CBC Radio-Canada

Claude Galipeau
Executive Vice-President, Corporate Development
Vice-président principal, Développement d'entreprise

--

Catherine Lefrançois
[redacted]

--

[redacted]
CBC/Radio-Canada | 250 Front Street West, Toronto, Ontario M5V 3G5
Office [redacted] | Mobile [redacted]

Technology & Infrastructure
Technologies et Infrastructures

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Claude Galipeau
Executive Vice-President, Corporate Development
Vice-président principal, Développement d'entreprise

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Kenny Yum
Senior Director, Innovation and Partnerships
CBC News, Current Affairs and Local
kenny.yum@cbc.ca |

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Senior Director, Innovation and Partnerships
CBC News, Current Affairs and Local
kenny.yum@cbc.ca |

CBC Radio-Canada

BRODIE FENLON <brodie.fenlon@cbc.ca>

Fwd: Fake article about CBC with [redacted]

CLAUDE GALIPEAU <claude.galipeau@cbc.ca> Thu, Aug 11, 2022 at 12:37 PM
To: KENNY YUM <kenny.yum@cbc.ca>
Cc: ANDREE LAU <andree.lau@cbc.ca>, [redacted] BRODIE FENLON <brodie.fenlon@cbc.ca>, Catherine Lefrancois <catherine.lefrancois@radio-canada.ca>, Chris Carter <chris.carter@cbc.ca>, Joe Hill <joe.hill@cbc.ca>, [redacted] MIGUEL BAZ <miguel.baz@radio-canada.ca>, PHILIPPE EDMOND <philippe.edmond@cbc.ca>, Susan Marjetti <susan.marjetti@cbc.ca>

[redacted]

On Thu, Aug 11, 2022 at 12:13 PM KENNY YUM <kenny.yum@cbc.ca> wrote:

> Hi there,
>
> [redacted]

Page 54

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est retenue en vertu de l'article

17

of the Access to Information Act

de la Loi de l'accès à l'information

[redacted]

s.17
s.19(1)

On Thu, Aug 11, 2022 at 11:48 AM [redacted] wrote:

s.23

> Dear Kenny,
>
> Thank you for emailing about this.
>
> The Tweet has been labelled as manipulated media. If you have any further issues, please don't hesitate to email again.
>
> Thanks and best,

[redacted]

[redacted]

[redacted]

s.17
s.19(1)
s.23

On Wed, Aug 10, 2022 at 10:59 AM KENNY YUM <kenny.yum@cbc.ca> wrote:

[redacted]

On Wed, Aug 10, 2022 at 10:48 AM CLAUDE GALIPEAU <claude.galipeau@cbc.ca> wrote:

+ Kenny fyi

On Wed, Aug 10, 2022 at 9:48 AM [redacted] wrote:

Bonjour Catherine,

I reported a Tweet to [redacted] yesterday ([redacted] for incitement to harass)

I reported two Tweets directly to Twitter using the abuse form ([redacted] for incitement, and [redacted] for posting a fake)
(https://help.twitter.com/en/forms/safety-and-sensitive-content/abuse/legal-rep)

As observed previously by us, Twitter doesn't seem to even acknowledge these abuse submissions with an email (i.e. thanks, we're working on it ..etc).

The incidents were reported to [redacted] manually, and not picked up by their scan engine.

Let me know if you need anything else
[redacted]

On Wed, 10 Aug 2022 at 08:37, Catherine Lefrancois <catherine.lefrancois@radio-canada.ca> wrote:

Good morning [redacted] and [redacted]

I am flagging this Tweet below.

I've noticed that [redacted] has been cc'd on this last email, I don't mean to overstep the process but thought you would want to know.

Has this been picked up by [redacted]

Thanks,

Cath

---------- Forwarded message ----------
From: **Chris Carter** <chris.carter@cbc.ca>
Date: Tue, Aug 9, 2022 at 9:19 PM
Subject: Fwd: Fake article about CBC with
To: Andree Lau <andree.lau@cbc.ca>, BRODIE FENLON <brodie.fenlon@cbc.ca>, Chuck Thompson <chuck.thompson@cbc.ca>, Irene Thomaidis <irene.thomaidis@cbc.ca>,

Hi all, Sorry to bother you this late but wanted you to be aware that someone has created a fake article with a CBC template and - and it is being amplified by and among others. I haven't been able to find an actual webpage - just this (faked) screenshot they are sharing on Twitter. One of the accounts is using it to urge people to spew abuse at online.

Wondering what is the best approach - report it to Twitter? Tweet replies?

---------- Forwarded message ----------
From:
Date: Tue, Aug 9, 2022 at 9:10 PM
Subject: Fake article about CBC with
To: Chris Carter <chris.carter@cbc.ca>

Hi Chris,

Someone made a fake article with and are starting to spread it on social media. What should I do in a case like this?

Someone direct messaged me about it and said sent it to them. But I don't see him posting it publicly so I can't verify that.

There doesn't appear to be a link to a fake article.

Page 58

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17

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Page 60

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17

of the Access to Information Act

de la Loi de l'accès à l'information

--

[redacted]
Cell: [redacted]
email: [redacted]
cbcnews.ca[redacted]

--

Chris Carter
Managing Editor and Bureau Chief,
CBC News Parliamentary Bureau
www.CBCNews.ca/politics

T: [redacted]
chris.carter@cbc.ca

--

Brodie Fenlon
Editor In Chief, Executive Director of Programs and Standards
CBC News
Pronouns: he and him
@brodiefenlon

Amanda Pyle
Executive Assistant
amanda.pyle@cbc.ca

--

CBC Radio-Canada

Claude Galipeau
Executive Vice-President, Corporate Development
Vice-président principal, Développement d'entreprise

--

Catherine Lefrançois
[redacted]

--

[redacted]
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Vice-président principal, Développement d'entreprise

CBC Radio-Canada

BRODIE FENLON <brodie.fenlon@cbc.ca>

Fwd: Fake article about CBC with [redacted]

KENNY YUM <kenny.yum@cbc.ca> Thu, Aug 11, 2022 at 12:58 PM
To: Chris Carter <chris.carter@cbc.ca>
Cc: ANDREE LAU <andree.lau@cbc.ca>, [redacted] BRODIE FENLON <brodie.fenlon@cbc.ca>, CLAUDE GALIPEAU <claude.galipeau@cbc.ca>, Catherine Lefrancois <catherine.lefrancois@radio-canada.ca>, Joe Hill <joe.hill@cbc.ca>, [redacted] MIGUEL BAZ <miguel.baz@radio-canada.ca>, PHILIPPE EDMOND <philippe.edmond@cbc.ca>, Susan Marjetti <susan.marjetti@cbc.ca>

While Claude and team add it to their list I'll ask Twitter right now on this link.

On Thu, Aug 11, 2022 at 12:54 PM Chris Carter <chris.carter@cbc.ca> wrote:
> This Twitter account seems to be a source (not sure if it is THE source in this instance or not) of these.
>
> [redacted]
>
> [redacted]
>
> On Thu, Aug 11, 2022 at 12:49 PM BRODIE FENLON <brodie.fenlon@cbc.ca> wrote:
> > We got a media inquiry about this: [redacted]
> >
> > They are doing a fact check
> > B
> >
> > On Thu, Aug 11, 2022 at 12:48 PM Chris Carter <chris.carter@cbc.ca> wrote:
> > > I've reached out to the creator of the video so I wonder if I should wait a little bit and see if he replies. [redacted]
> > >
> > > However, looking at the comments to his video there are several referring specifically to the CBC screenshot - [redacted]
> > >
> > > On Thu, Aug 11, 2022 at 12:39 PM CLAUDE GALIPEAU <claude.galipeau@cbc.ca> wrote:
> > > > Chris,
> > > >
> > > > [redacted]
> > > >
> > > > On Thu, Aug 11, 2022 at 12:34 PM Chris Carter <chris.carter@cbc.ca> wrote:
> > > > > Thanks Kenny, that is helpful.
> > > > >
> > > > > The faked story has shown up in a YouTube video (series) called [redacted] which is basically a video of stories that the creator thinks are stupid. [redacted]
> > > > >
> > > > > I am going to contact the fellow behind the videos () and ask that he remove it, and that designation by Twitter may be helpful.
> > > > >
> > > > > On Thu, Aug 11, 2022 at 12:13 PM KENNY YUM <kenny.yum@cbc.ca> wrote:
> > > > > > Hi there,
> > > > > >
> > > > > > Between us it may have worked a bit, at least not on take down. I got a message from Twitter responding to [redacted] They have applied a **manipulated media label** to the screenshot
> > > > > >
> > > > > > [redacted]

https://help.twitter.com/en/rules-and-policies/manipulated-media

Page 65

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17

of the Access to Information Act

de la Loi de l'accès à l'information

[redacted]

s.17
s.19(1)
s.23

On Thu, Aug 11, 2022 at 11:48 AM [redacted] wrote:

Dear Kenny,

Thank you for emailing about this.

The Tweet has been labelled as manipulated media. If you have any further issues, please don't hesitate to email again.

Thanks and best,

[redacted]

[redacted]

[redacted]

s.17
s.19(1)
s.23

On Wed, Aug 10, 2022 at 10:59 AM KENNY YUM <kenny.yum@cbc.ca> wrote:

[redacted]

> On Wed, Aug 10, 2022 at 10:48 AM CLAUDE GALIPEAU <claude.galipeau@cbc.ca> wrote:
> + Kenny fyi
>
> > On Wed, Aug 10, 2022 at 9:48 AM [redacted] wrote:
> > Bonjour Catherine,
> >
> > I reported a Tweet to [redacted] yesterday ([redacted] for incitement to harass)
> >
> > I reported two Tweets directly to Twitter using the abuse form ([redacted] for incitement, and [redacted] for posting a fake)
> > (https://help.twitter.com/en/forms/safety-and-sensitive-content/abuse/legal-rep)
> >
> > As observed previously by us, Twitter doesn't seem to even acknowledge these abuse submissions with an email (i.e. thanks, we're working on it ..etc).
> >
> > The incidents were reported to [redacted] manually, and not picked up by their scan engine.
> >
> > Let me know if you need anything else
> > [redacted]
> >
> > On Wed, 10 Aug 2022 at 08:37, Catherine Lefrancois <catherine.lefrancois@radio-canada.ca> wrote:
> > Good morning [redacted] and [redacted]
> >
> > I am flagging this Tweet below.
> >
> > I've noticed that [redacted] has been cc'd on this last email, I don't mean to overstep the process but thought you would want to know.
> >
> > Has this been picked up by [redacted]?
> >
> > Thanks,
> >
> > Cath

---------- Forwarded message ---------
From: **Chris Carter** <chris.carter@cbc.ca>
Date: Tue, Aug 9, 2022 at 9:19 PM
Subject: Fwd: Fake article about CBC with [redacted]
To: Andree Lau <andree.lau@cbc.ca>, BRODIE FENLON <brodie.fenlon@cbc.ca>, Chuck Thompson <chuck.thompson@cbc.ca>, Irene Thomaidis <irene.thomaidis@cbc.ca>, [redacted]

Hi all, Sorry to bother you this late but wanted you to be aware that someone has created a fake article with a CBC template and [redacted]- and it is being amplified by [redacted]and [redacted] among others. I haven't been able to find an actual webpage - just this (faked) screenshot they are sharing on Twitter. One of the accounts is using it to urge people to spew abuse at [redacted] online.

Wondering what is the best approach - report it to Twitter? Tweet replies?

---------- Forwarded message ---------
From: [redacted]
Date: Tue, Aug 9, 2022 at 9:10 PM
Subject: Fake article about CBC with [redacted]
To: Chris Carter <chris.carter@cbc.ca>

Hi Chris,

Someone made a fake article with [redacted] and are starting to spread it on social media. What should I do in a case like this?

Someone direct messaged me about it and said [redacted] sent it to them. But I don't see him posting it publicly so I can't verify that.

There doesn't appear to be a link to a fake article.

[redacted]

Pages 69 to / à 70

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17

of the Access to Information Act

de la Loi de l'accès à l'information

[redacted]
Cell: [redacted]
email: [redacted]
cbcnews.ca/[redacted]

--

Chris Carter
Managing Editor and Bureau Chief,
CBC News Parliamentary Bureau
www.CBCNews.ca/politics

T: [redacted]
chris.carter@cbc.ca

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Brodie Fenlon
Editor In Chief, Executive Director of Programs and Standards
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@brodiefenlon

Amanda Pyle
Executive Assistant
amanda.pyle@cbc.ca

--

CBC Radio-Canada

Claude Galipeau
Executive Vice-President, Corporate Development
Vice-président principal, Développement d'entreprise

--

Catherine Lefrançois
[redacted]

--

[redacted]
CBC/Radio-Canada | 250 Front Street West, Toronto, Ontario M5V 3G5
Office [redacted] | Mobile [redacted]

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CBC Radio-Canada

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T: [redacted]
chris.carter@cbc.ca

s.17

--
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T: [redacted]
chris.carter@cbc.ca

--
Kenny Yum
Senior Director, Innovation and Partnerships
CBC News, Current Affairs and Local
kenny.yum@cbc.ca | [redacted]

CBC Radio-Canada

BRODIE FENLON <brodie.fenlon@cbc.ca>

Fwd: Fake article about CBC with [redacted]

KENNY YUM <kenny.yum@cbc.ca> Thu, Aug 11, 2022 at 5:03 PM
To: [redacted]
Cc: ANDREE LAU <andree.lau@cbc.ca>, [redacted] BRODIE FENLON <brodie.fenlon@cbc.ca>, CLAUDE GALIPEAU <claude.galipeau@cbc.ca>, Catherine Lefrancois <catherine.lefrancois@radio-canada.ca>, Chris Carter <chris.carter@cbc.ca>, Joe Hill <joe.hill@cbc.ca>, MIGUEL BAZ <miguel.baz@radio-canada.ca>, PHILIPPE EDMOND <philippe.edmond@cbc.ca>, Susan Marjetti <susan.marjetti@cbc.ca>

Twitter responded to me saying they applied the label here.

[redacted]

On Thu, Aug 11, 2022 at 3:02 PM [redacted] wrote:

Hello,
Trying again - I submitted requests directly to Twitter for takedowns:
[redacted] Second request, trite warning notwithstanding).

I also submitted a takedown to [redacted] for the Facebook post mentioned by Brodie (usually more responsive).
[redacted]

I haven't submitted the YouTube yet - but we can do that too - Chris - maybe let me know once you've heard from the poster.

Regards,
[redacted]

On Thu, Aug 11, 2022 at 12:54 PM Chris Carter <chris.carter@cbc.ca> wrote:

This Twitter account seems to be a source (not sure if it is THE source in this instance or not) of these.
[redacted]

On Thu, Aug 11, 2022 at 12:49 PM BRODIE FENLON <brodie.fenlon@cbc.ca> wrote:

We got a media inquiry about this: [redacted]

They are doing a fact check
B

On Thu, Aug 11, 2022 at 12:48 PM Chris Carter <chris.carter@cbc.ca> wrote:

I've reached out to the creator of the video so I wonder if I should wait a little bit and see if he replies. [redacted]

However, looking at the comments to his video there are several referring specifically to the CBC screenshot - [redacted]

On Thu, Aug 11, 2022 at 12:39 PM CLAUDE GALIPEAU <claude.galipeau@cbc.ca> wrote:

Chris,
[redacted]

On Thu, Aug 11, 2022 at 12:34 PM Chris Carter <chris.carter@cbc.ca> wrote:

Thanks Kenny, that is helpful.

The faked story has shown up in a YouTube video (series) called [redacted] which is basically a video of stories that the creator thinks are stupid. [redacted]

I am going to contact the fellow behind the videos () and ask that he remove it, and that designation by Twitter may be helpful.

On Thu, Aug 11, 2022 at 12:13 PM KENNY YUM <kenny.yum@cbc.ca> wrote:

Hi there,

Between us it may have worked a bit, at least not on take down. I got a message from Twitter responding to [redacted] They have applied a **manipulated media label** to the screenshot

[redacted] **s.17**

https://help.twitter.com/en/rules-and-policies/manipulated-media

Page 76

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[redacted]

s.17

[redacted]

s.19(1)

s.23

On Thu, Aug 11, 2022 at 11:48 AM [redacted] wrote:

> Dear Kenny,
>
> Thank you for emailing about this.
>
> The Tweet has been labelled as manipulated media. If you have any further issues, please don't hesitate to email again.
>
> Thanks and best,
>
> [redacted]

[redacted]

[redacted]

s.17
s.19(1)
s.23

On Wed, Aug 10, 2022 at 10:59 AM KENNY YUM <kenny.yum@cbc.ca> wrote:

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> > On Wed, Aug 10, 2022 at 9:48 AM [redacted] wrote:
> > Bonjour Catherine,
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> > I reported a Tweet to [redacted] yesterday ([redacted] for incitement to harass)
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> > As observed previously by us, Twitter doesn't seem to even acknowledge these abuse submissions with an email (i.e. thanks, we're working on it ..etc).
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> > The incidents were reported to [redacted] manually, and not picked up by their scan engine.
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> > Let me know if you need anything else
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> > On Wed, 10 Aug 2022 at 08:37, Catherine Lefrancois <catherine.lefrancois@radio-canada.ca> wrote:
> > Good morning [redacted] and [redacted]
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> > I am flagging this Tweet below.
> >
> > I've noticed that [redacted] has been cc'd on this last email, I don't mean to overstep the process but thought you would want to know.
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> > Has this been picked up by [redacted] ?
> >
> > Thanks,
> >
> > Cath

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Date: Tue, Aug 9, 2022 at 9:19 PM
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To: Andree Lau <andree.lau@cbc.ca>, BRODIE FENLON <brodie.fenlon@cbc.ca>, Chuck Thompson <chuck.thompson@cbc.ca>, Irene Thomaidis <irene.thomaidis@cbc.ca>, [redacted]

s.17
s.19(1)

Hi all, Sorry to bother you this late but wanted you to be aware that someone has created a fake article with a CBC template and [redacted]- and it is being amplified by [redacted] and [redacted] among others. I haven't been able to find an actual webpage - just this (faked) screenshot they are sharing on Twitter. One of the accounts is using it to urge people to spew abuse at [redacted] online.

Wondering what is the best approach - report it to Twitter? Tweet replies?

---------- Forwarded message ---------
From: [redacted]
Date: Tue, Aug 9, 2022 at 9:10 PM
Subject: Fake article about CBC with [redacted]
To: Chris Carter <chris.carter@cbc.ca>

Hi Chris,

Someone made a fake article with [redacted] and are starting to spread it on social media. What should I do in a case like this?

Someone direct messaged me about it and said [redacted] sent it to them. But I don't see him posting it publicly so I can't verify that.

There doesn't appear to be a link to a fake article.

[redacted]

Pages 80 to / à 81

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[redacted]
Cell: [redacted]
email: [redacted]
cbcnews.ca/[redacted]

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www.CBCNews.ca/politics

T: [redacted]
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Vice-président principal, Développement d'entreprise

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Catherine Lefrançois
[redacted]

--

[redacted]
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Office [redacted] | Mobile [redacted] | [redacted]
Technology & Infrastructure
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kenny.yum@cbc.ca | [redacted]

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[redacted]
CBC/Radio-Canada | 250 Front Street West, Toronto, Ontario M5V 3G5
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Senior Director, Innovation and Partnerships
CBC News, Current Affairs and Local
kenny.yum@cbc.ca | [redacted]

CBC Radio-Canada

BRODIE FENLON <brodie.fenlon@cbc.ca>

Fwd: Fake article about CBC with

Chris Carter <chris.carter@cbc.ca> Wed, Aug 17, 2022 at 2:32 PM
To:
Cc: CLAUDE GALIPEAU <claude.galipeau@cbc.ca>, ANDREE LAU <andree.lau@cbc.ca>, Anaïs Kessous Catherine Lefrancois <catherine.lefrancois@radio-canada.ca>, Joe Hill <joe.hill@cbc.ca>, KENNY YUM <kenny.yum@cbc.ca>, MIGUEL BAZ <miguel.baz@radio-canada.ca>, PHILIPPE EDMOND <philippe.edmond@cbc.ca>, BRODIE FENLON <brodie.fenlon@cbc.ca>

Just to follow up on this. I've had no response from the creator - however, I notice the original URL now goes to a page that says the video has been removed by the creator. And he seems to have edited or reposted the video without the CBC faked screengrabs. So they are at least gone but he's effectively covered his tracks with no acknowledgement.

On Thu, Aug 11, 2022 at 3:03 PM Chris Carter <chris.carter@cbc.ca> wrote:
> will do - thanks

> On Thu, Aug 11, 2022 at 3:02 PM wrote:
> Hello,
> Trying again - I submitted requests directly to Twitter for takedowns:
> Second request, trite warning notwithstanding).
>
> I also submitted a takedown to for the Facebook post mentioned by Brodie (usually more responsive).
>
> I haven't submitted the YouTube yet - but we can do that too - Chris - maybe let me know once you've heard from the poster.
>
> Regards,
>
> On Thu, Aug 11, 2022 at 12:54 PM Chris Carter <chris.carter@cbc.ca> wrote:
> > This Twitter account seems to be a source (not sure if it is THE source in this instance or not) of these.
> >
> > On Thu, Aug 11, 2022 at 12:49 PM BRODIE FENLON <brodie.fenlon@cbc.ca> wrote:
> > > We got a media inquiry about this:
> > >
> > > They are doing a fact check
> > > B
> > >
> > > On Thu, Aug 11, 2022 at 12:48 PM Chris Carter <chris.carter@cbc.ca> wrote:
> > > > I've reached out to the creator of the video so I wonder if I should wait a little bit and see if he replies.
> > > >
> > > > However, looking at the comments to his video there are several referring specifically to the CBC screenshot -
> > > >
> > > > On Thu, Aug 11, 2022 at 12:39 PM CLAUDE GALIPEAU <claude.galipeau@cbc.ca> wrote:
> > > > > Chris,

[redacted]

On Thu, Aug 11, 2022 at 12:34 PM Chris Carter <chris.carter@cbc.ca> wrote:

Thanks Kenny, that is helpful.

The faked story has shown up in a YouTube video (series) called [redacted]' which is basically a video of stories that the creator thinks are stupid. [redacted]

I am going to contact the fellow behind the videos () and ask that he remove it, and that designation by Twitter may be helpful.

On Thu, Aug 11, 2022 at 12:13 PM KENNY YUM <kenny.yum@cbc.ca> wrote:

Hi there,

Between us it may have worked a bit, at least not on take down. I got a message from Twitter responding to [redacted] They have applied a **manipulated media label** to the screenshot

[redacted]

https://help.twitter.com/en/rules-and-policies/manipulated-media

Page 87

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est retenue en vertu de l'article

17

of the Access to Information Act

de la Loi de l'accès à l'information

[redacted] s.17

s.19(1)

On Thu, Aug 11, 2022 at 11:48 AM [redacted] wrote: s.23

> Dear Kenny,
>
> Thank you for emailing about this.
>
> The Tweet has been labelled as manipulated media. If you have any further issues, please don't hesitate to email again.
>
> Thanks and best,
>
> [redacted]

[redacted]

s.17
s.19(1)
s.21(1)(b)
s.23

[redacted]

On Wed, Aug 10, 2022 at 10:59 AM KENNY YUM <kenny.yum@cbc.ca> wrote:

[redacted]

> On Wed, Aug 10, 2022 at 10:48 AM CLAUDE GALIPEAU <claude.galipeau@cbc.ca> wrote:
> + Kenny fyi
>
> On Wed, Aug 10, 2022 at 9:48 AM [redacted] wrote:
> Bonjour Catherine,
>
> I reported a Tweet to [redacted] yesterday ([redacted] for incitement to harass)
>
> I reported two Tweets directly to Twitter using the abuse form ([redacted] for incitement, and [redacted] for posting a fake)
> (https://help.twitter.com/en/forms/safety-and-sensitive-content/abuse/legal-rep)
>
> As observed previously by us, Twitter doesn't seem to even acknowledge these abuse submissions with an email (i.e. thanks, we're working on it ..etc).
>
> The incidents were reported to [redacted] manually, and not picked up by their scan engine.
>
> Let me know if you need anything else
> [redacted]
>
> On Wed, 10 Aug 2022 at 08:37, Catherine Lefrancois <catherine.lefrancois@radio-canada.ca> wrote:
> Good morning [redacted] and [redacted]
>
> I am flagging this Tweet below.
>
> I've noticed that [redacted] has been cc'd on this last email, I don't mean to overstep the process but thought you would want to know.
>
> Has this been picked up by [redacted] ?
>
> Thanks,
>
> Cath

s.17

s.19(1)

---------- Forwarded message ---------
From: **Chris Carter** <chris.carter@cbc.ca>
Date: Tue, Aug 9, 2022 at 9:19 PM
Subject: Fwd: Fake article about CBC with
To: Andree Lau <andree.lau@cbc.ca>, BRODIE FENLON <brodie.fenlon@cbc.ca>, Chuck Thompson <chuck.thompson@cbc.ca>, Irene Thomaidis <irene.thomaidis@cbc.ca>,

Hi all, Sorry to bother you this late but wanted you to be aware that someone has created a fake article with a CBC template and - and it is being amplified by and among others. I haven't been able to find an actual webpage - just this (faked) screenshot they are sharing on Twitter. One of the accounts is using it to urge people to spew abuse at online.

Wondering what is the best approach - report it to Twitter? Tweet replies?

---------- Forwarded message ---------
From:
Date: Tue, Aug 9, 2022 at 9:10 PM
Subject: Fake article about CBC with
To: Chris Carter <chris.carter@cbc.ca>

Hi Chris,

Someone made a fake article with and are starting to spread it on social media. What should I do in a case like this?

Someone direct messaged me about it and said sent it to them. But I don't see him posting it publicly so I can't verify that.

There doesn't appear to be a link to a fake article.

Pages 91 to / à 92

are withheld pursuant to section

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17

of the Access to Information Act

de la Loi de l'accès à l'information

Cell:
email:
cbcnews.ca/

--

Chris Carter
Managing Editor and Bureau Chief,
CBC News Parliamentary Bureau
www.CBCNews.ca/politics

T:
chris.carter@cbc.ca

--

Brodie Fenlon
Editor In Chief, Executive Director of Programs and Standards
CBC News
Pronouns: he and him
@brodiefenlon

Amanda Pyle
Executive Assistant
amanda.pyle@cbc.ca

--

CBC Radio-Canada

Claude Galipeau
Executive Vice-President, Corporate Development
Vice-président principal, Développement d'entreprise

--

Catherine Lefrançois

--

CBC/Radio-Canada | 250 Front Street West, Toronto, Ontario M5V 3G5
Office | Mobile

Technology & Infrastructure
Technologies et Infrastructures

--

CBC Radio-Canada

Claude Galipeau

Executive Vice-President, Corporate Development
Vice-président principal, Développement d'entreprise

--
Kenny Yum
Senior Director, Innovation and Partnerships
CBC News, Current Affairs and Local
kenny.yum@cbc.ca | [redacted]

--
Kenny Yum
Senior Director, Innovation and Partnerships
CBC News, Current Affairs and Local
kenny.yum@cbc.ca | [redacted]

--
CBC Radio-Canada

Claude Galipeau
Executive Vice-President, Corporate Development
Vice-président principal, Développement d'entreprise

--
Kenny Yum
Senior Director, Innovation and Partnerships
CBC News, Current Affairs and Local
kenny.yum@cbc.ca | [redacted]

--
Chris Carter
Managing Editor and Bureau Chief,
CBC News Parliamentary Bureau
www.CBCNews.ca/politics

T: [redacted]
chris.carter@cbc.ca

--

Claude Galipeau
Executive Vice-President, Corporate Development
Vice-président principal, Développement d'entreprise

--
Chris Carter
Managing Editor and Bureau Chief,
CBC News Parliamentary Bureau
www.CBCNews.ca/politics

T: [redacted]
chris.carter@cbc.ca

--
Brodie Fenlon
Editor In Chief, Executive Director of Programs and Standards
CBC News
Pronouns: he and him
@brodiefenlon

Amanda Pyle
Executive Assistant
amanda.pyle@cbc.ca

--
Chris Carter
Managing Editor and Bureau Chief,
CBC News Parliamentary Bureau
www.CBCNews.ca/politics

T:
chris.carter@cbc.ca

--
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Technology & Infrastructure
Technologies et Infrastructures

--
Chris Carter
Managing Editor and Bureau Chief,
CBC News Parliamentary Bureau
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chris.carter@cbc.ca

--
Chris Carter
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CBC News Parliamentary Bureau
www.CBCNews.ca/politics

T:
chris.carter@cbc.ca

FW: Breaking: Landmark Lawsuit Slaps Legacy Media With Antitrust, First Amendment Claims for Censoring COVID-Related Content . Children's Health Defense

1 message

Karen Rucas <krahome@rogers.com> Wed, Jan 11, 2023 at 10:59 AM
To: BRODIE FENLON <brodie.fenlon@cbc.ca>
Cc: Chris Carter <chris.carter@cbc.ca>, Don Spandier <don.spandier@cbc.ca>, ombud@cbc.ca

Dear Mr. Fenlon,
Given CBC's participation in the Trusted News Initiative, I thought this American lawsuit would interest you.

Breaking: Landmark Lawsuit Slaps Legacy Media With Antitrust, First Amendment Claims for Censoring COVID-Related Content . Children's Health Defense

https://childrenshealthdefense.org/defender/lawsuit-trusted-news-initiative-antitrust-first-amendment-censoring-covid-content/

Sincerely,

Karen Rucas, B.Sc.O.T. Reg (Ont)
Occupational Therapist with training & expertise in life care planning
Life Care Planning Consultant
Cellular: 416-918-0261
Home office: 647-343-2803

Page 97

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est retenue en vertu des articles

17, 18(b), 19(1), 20(1)(b), 21(1)(b), 23

of the Access to Information Act

de la Loi de l'accès à l'information

Page 98

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est retenue en vertu des articles

17, 18(b), 19(1), 20(1)(b), 23, 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

Page 99

is withheld pursuant to sections

est retenue en vertu des articles

18(b), 19(1), 20(1)(b), 23, 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

Page 100

is withheld pursuant to sections

est retenue en vertu des articles

17, 18(b), 19(1), 20(1)(b), 21(1)(b), 23, 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

Pages 101 to / à 102

are withheld pursuant to sections

sont retenues en vertu des articles

17, 18(b), 19(1), 20(1)(b), 23, 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

Fwd: Trust in News returns next month

BRODIE FENLON <brodie.fenlon@cbc.ca> Tue, Mar 7, 2023 at 8:00 AM
To: Lisa Clarkson <lisa.clarkson@cbc.ca>
Cc: Catherine Gregory <catherine.gregory@cbc.ca>, KENNY YUM <kenny.yum@cbc.ca>, Elizabeth Osti <Elizabeth.Osti@cbc.ca>

Thank you!

On Mon, Mar 6, 2023 at 8:01 AM Lisa Clarkson <lisa.clarkson@cbc.ca> wrote:

In case of interest for News team.

Lisa

---------- Forwarded message ---------
From: [redacted]
Date: Sun, Mar 5, 2023, 7:31 p.m.
Subject: Trust in News returns next month
To: Lisa Clarkson <lisa.clarkson@cbc.ca>

BBC ACADEMY

Trust in News is back

Welcome to TIN23 – live in Delhi and London

30 March 2023

FREE ONLINE EVENT

#TIN23

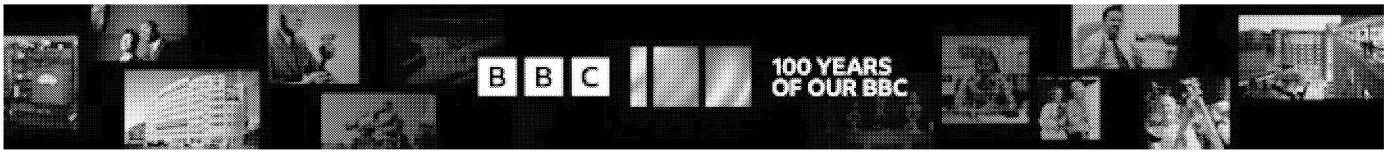
BBC News CEO Deborah Turness will headline this year's **FREE** Trust in News conference, alongside key speakers in the disinformation world from across the globe.

The Trusted News Initiative brings together leading experts in disinformation, verification and open source journalism from across the globe to look at trust, transparency and truth in an increasingly complicated information landscape.

Join live audiences in Delhi and London for this free online webcast, hosted by the BBC's Disinformation and Social Media Correspondent Marianna Spring, together with broadcasters Philippa Thomas at the BBC's New Broadcasting House in London and Divya Arya in Delhi.

For a full timetable of sessions and speakers, and to register for this free online event, please visit the website:

https://www.bbc.co.uk/academy/events/trust-in-news-2023/



If you wish to remove yourself from any future communications, please click here (although we really hate to say goodbye!). Please note that hitting unsubscribe will prevent us from sending you any further reminders about this specific event, as well as details about other forthcoming events.

Brodie Fenlon
Editor In Chief, Executive Director of Programs and Standards
CBC News
Pronouns: he and him

@brodiefenlon
"We are with you every day making sense of our world together."

Amanda Pyle
Executive Assistant
amanda.pyle@cbc.ca

CBC Radio-Canada

BRODIE FENLON <brodie.fenlon@cbc.ca>

Trusted News Initiative - 2023 virtual conference streams

3 messages

KENNY YUM <kenny.yum@cbc.ca> Tue, Mar 28, 2023 at 9:05 AM
To: BRODIE FENLON <brodie.fenlon@cbc.ca>, Cathy Perry <cathy.perry@cbc.ca>, Catherine Gregory <catherine.gregory@cbc.ca>, MERVIN BRASS <mervin.brass@cbc.ca>, MICHAEL GRUZUK <michael.gruzuk@cbc.ca>, Susan Marjetti <susan.marjetti@cbc.ca>, Johnny Michel <johnny.michel@cbc.ca>, Meredith Dellandrea <meredith.dellandrea@cbc.ca>, Ruth Zowdu <ruth.zowdu@cbc.ca>, DAVID HUTTON <david.hutton@cbc.ca>, Daily News Managers , Local Services Managing Editors Marc Lefebvre <marc.lefebvre@cbc.ca>, Carl Swanston <carl.swanston@cbc.ca>, Rodney Millington <rodney.millington@cbc.ca>, George Achi <george.achi@cbc.ca>, Nancy Waugh <nancy.waugh@cbc.ca>

Hi all,

CBC / Radio-Canada is a partner in the Trusted News Initiative run by the BBC, one of the major projects is

On Thursday, they are holding a day of discussion/panels

If it is of interest, you can pass this on and register yourselves at this link: https://www.bbc.co.uk/academy/events/trust-in-news-2023/

Note the time is not ideal for the sessions -- the New Delhi sessions start at 1:30 am ET and the London sessions begin at 5 am ET.

https://www.bbc.co.uk/academy/events/trust-in-news-2023

Kenny

Page 107

is withheld pursuant to sections

est retenue en vertu des articles

18(b), 20(1)(b), 68.1

of the Access to Information Act

de la Loi de l'accès à l'information

[redacted]

s.17

s.20(1)(b)

s.68.1

--
Kenny Yum
Senior Director, Innovation and Partnerships
CBC News, Current Affairs and Local
kenny.yum@cbc.ca | [redacted]

Ruth Zowdu <ruth.zowdu@cbc.ca> Tue, Mar 28, 2023 at 9:43 AM
To: KENNY YUM <kenny.yum@cbc.ca>
Cc: BRODIE FENLON <brodie.fenlon@cbc.ca>, Cathy Perry <cathy.perry@cbc.ca>, Catherine Gregory <catherine.gregory@cbc.ca>, MERVIN BRASS <mervin.brass@cbc.ca>, MICHAEL GRUZUK <michael.gruzuk@cbc.ca>, Susan Marjetti <susan.marjetti@cbc.ca>, Johnny Michel <johnny.michel@cbc.ca>, Meredith Dellandrea <meredith.dellandrea@cbc.ca>, DAVID HUTTON <david.hutton@cbc.ca>, Daily News Managers [redacted] Local Services Managing Editors [redacted] Marc Lefebvre <marc.lefebvre@cbc.ca>, Carl Swanston <carl.swanston@cbc.ca>, Rodney Millington <rodney.millington@cbc.ca>, George Achi <george.achi@cbc.ca>, Nancy Waugh <nancy.waugh@cbc.ca>

Thanks, Kenny. This looks really interesting.
Do you know if any of the sessions will be recorded and available after the fact?

R
[Quoted text hidden]

KENNY YUM <kenny.yum@cbc.ca> Tue, Mar 28, 2023 at 11:59 AM
To: Ruth Zowdu <ruth.zowdu@cbc.ca>
Cc: BRODIE FENLON <brodie.fenlon@cbc.ca>, Cathy Perry <cathy.perry@cbc.ca>, Catherine Gregory <catherine.gregory@cbc.ca>, MERVIN BRASS <mervin.brass@cbc.ca>, MICHAEL GRUZUK <michael.gruzuk@cbc.ca>, Susan Marjetti <susan.marjetti@cbc.ca>, Johnny Michel <johnny.michel@cbc.ca>, Meredith Dellandrea <meredith.dellandrea@cbc.ca>, DAVID HUTTON <david.hutton@cbc.ca>, Daily News Managers [redacted], Local Services Managing Editors [redacted], Marc Lefebvre <marc.lefebvre@cbc.ca>, Carl Swanston <carl.swanston@cbc.ca>, Rodney Millington <rodney.millington@cbc.ca>, George Achi <george.achi@cbc.ca>, Nancy Waugh <nancy.waugh@cbc.ca>

Yes indeed they will be available about a week after the event. I'll do a reshare to remind. Thanks!

Kenny
[Quoted text hidden]

From: BRODIE FENLON <brodie.fenlon@cbc.ca>

To: Alison Broddle <alison.broddle@cbc.ca>, ANDREE LAU <andree.lau@cbc.ca>, Catherine Gregory <catherine.gregory@cbc.ca>, CATHRIN BRADBURY <cathrin.bradbury@cbc.ca>, Cathy Perry <cathy.perry@cbc.ca>, Chris Carter <chris.carter@cbc.ca>, Francis D'Souza <francis.dsouza@cbc.ca>, Greg Reaume <greg.reaume@cbc.ca>, Jennifer Harwood <jennifer.harwood@cbc.ca>, Joanne McPherson <joanne.mcpherson@cbc.ca>, KARYN PUGLIESE <karyn.pugliese@cbc.ca>, KENNY YUM <kenny.yum@cbc.ca>, Marie Caloz <marie.caloz@cbc.ca>, Michael Dick <michael.dick@cbc.ca>, MICHAEL GRUZUK <michael.gruzuk@cbc.ca>, Seema Patel <seema.patel@cbc.ca>, Tracy Seeley <tracy.seeley@cbc.ca>, ZEELAF MAJEED <zeelaf.majeed@cbc.ca>, Daily News Executive Producers <[redacted] Local Services Managing Editors [redacted] ocal news execs <[redacted]

CC: Susan Marjetti <susan.marjetti@cbc.ca>

Subject: Free BBC conference: Trust In News

Livelink ID: [redacted]

Sent Date: 2022-3-11 7:37 EST

Received Date: 2022-3-11 07:37 EST

s.17

s.20(1)(b)

s.17
s.19(1)
s.16(2)(c)

The BBC-organized **Trust In News** Conference returns this month. It's two free, virtual days with some excellent speakers and a focus on disinformation, Ukraine, a masterclass on verifying images & video, etc.

See details and registration link below. Please share with anyone on your team who might be interested in attending:

---------- Forwarded message ---------
From: [redacted]
Date: Mon, Mar 7, 2022 at 6:27 AM
Subject: Trust in News invite update

Tomorrow marks just three weeks to go until our TNI Trust in News Conference, thank you to everyone who has shared the invite within their organisations and networks. A lot has happened in the disinformation landscape in the past fortnight and we have been updating the conference programme to reflect the situation in Ukraine.

- Opening the conference will now be a session specifically looking at disinformation around the war in Ukraine.
- Our visual debunking masterclass on day 1 will feature up to date examples from the past few weeks.
- We've now published the names of the speakers who'll be joining us from across the world. (day one list & day two list)

Please do continue to share the invite - we've put together a dropbox of graphics which might assist your internal comms and there are tweets about the conference on the BBC Academy account which can be retweeted. A reminder that this is a free event open to anyone.

Best wishes,

[redacted]

You are warmly invited to join us for the BBC & Trusted News Initiative
Trust in News 2022 conference.

A two day, virtual event where we'll explore the challenges in tackling disinformation and give you some of the tools you need to debunk or verify what you see online.

Packed with practical presentations and workshops, we'll hear from those covering disinformation around the war in Ukraine, explore how to help audiences understand other major news stories and question tech platforms on their plans to tackle disinformation.

Visit our website for more info and to book:
bbc.in/TIN22website

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Brodie Fenlon
Editor In Chief, Executive Director of Daily News
CBC News
Pronouns: he and him
@brodiefenlon

Amanda Pyle
Executive Assistant
amanda.pyle@cbc.ca
--
You received this message because you are subscribed to the Google Groups "Daily News Executive Producers" group.
To unsubscribe from this group and stop receiving emails from it, send an email to [redacted]
To view this discussion on the web, visit [redacted]

Canadian Covid Care Alliance
Alliance canadienne pour la prévention et prise-en-charge de la covid

COVID-19

Canadian Covid Care Alliance

Declaration

September 24, 2021

The most up to date version of this document can be found at:

https://www.canadiancovidcarealliance.org/

THE COVID-19 CANADIAN COVID CARE ALLIANCE (CCCA) DECLARATION

September 24, 2021

To the Canadian Federal, Provincial and Municipal Governments, Public Health Agency of Canada (PHAC), Health Canada and the Media

Executive Summary

1) Revoke the Declarations of Emergency e.g., Emergency Management & Civil Protection Act, Emergency Programs Act (or similar Act).

2) Develop effective national outpatient treatment guidelines based on the most-up-to-date evidence. Instruct PHAC to inform and educate physicians and the general public about the importance of prophylaxis and early treatment of COVID-19. The government should ensure the necessary supply of repurposed medications and prophylaxis agents.

3) Pause the current COVID-19 vaccination program pending full evaluation of impacts and benefits.

4) Halt the Vaccination Passport ("Vax Pass") program and do not permit any company, agency, or organization to unlawfully mandate COVID-19 vaccinations.

5) Do not permit any infringement on medical privacy by governments and businesses and end all coercive measures limiting freedom of individual medical choice.

6) Do not permit any infringement on the ability to move freely, both within and between provinces as well as internationally (leaving/entering Canada).

7) Do not impose any future lockdowns or quarantines of healthy individuals in view of the enormous destabilizing impacts on the economy, mental health and society at large. The government should instead focus their attention and funding to help those who feel vulnerable, if they so choose to accept the government's assistance.

8) Recognize physicians and researchers of diverse opinions (from the CCCA and other affiliations) as **essential stakeholders** to: 1) engage in an open and public forum to discuss early treatment options, COVID-19 vaccine program, the proposed vaccine mandates, Vaccine Passports, lockdowns and masking; and 2) to participate in the COVID-19 Planning and Implementation Team(s), the COVID-19 Immunity Task Force, the National Advisory Committee on Immunization (NACI) and the provincial Science Tables to address the evidence-based science supporting non-pharmaceutical interventions (NPIs).

A0078862_4-000112

THE COVID-19 CANADIAN COVID CARE ALLIANCE (CCCA) DECLARATION

Introduction

We represent over 500 members, comprised of physicians, research scientists (including virologists, vaccinologists, and immunologists), and others; including highly accomplished professors from top Canadian universities, allied healthcare professionals, and lawyers from across Canada, who have serious concerns with respect to the management of the COVID-19 pandemic in this country. We are offering our assistance and have prepared this document to provide government, policy makers and other relevant stakeholders with a resource summarizing the most up-to-date scientific data, as well as legal and bioethical considerations that should be at the forefront of decision-making going forward.

Mortality data from Statistics Canada[1] demonstrates that we are no longer in a pandemic. Early modelling warned of alarmingly high rate of deaths across the country as a result of SARS-CoV-2 infection, but eighteen months later, this has not come to pass. It has since been shown, by real world data, that the model presented by Neil Ferguson at Imperial College London was fundamentally flawed from the outset and has been proven wildly inaccurate across the world[2], despite its projections acting as the basis for the reactionary lockstep response from most governments[3].

In Canada, as of September 20, 2021, 79% of eligible Canadians aged 12 and over are fully vaccinated with the advised two-dose regimen of mRNA and DNA injections[4]. Today, virtually all Canadians intending to receive vaccination have already done so[5], making the continued nationwide vaccination campaign redundant and overbearing with no reasonable expectation of benefit to public health. This is in addition to compelling evidence demonstrating waning efficacy of the vaccine products[6,7], especially when compared to protection offered by natural immunity, which we now know to

---

[1] *Provisional death counts and excess mortality, January 2020 to May 2021*. (2021, August 9) Government of Canada, S. C. The Daily. https://www150.statcan.gc.ca/n1/daily-quotidien/210809/dq210809a-eng.htm.

[2] Magness, P. W. (2021, April 22) *The failure of Imperial College modeling is far worse than we knew*. American Institute for Economic Research. https://www.aier.org/article/the-failure-of-imperial-college-modeling-is-far-worse-than-we-knew/.

[3] Ferguson, N. M., Laydon, D., Nedjati-Gilani, G. *et al*. (2020) *Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand*. South Kensington, London: Imperial College. Report 9:1-20. https://doi.org/10.25561/77482

[4] Little, N. (2021, August 28) *COVID-19 Vaccination Tracker*. COVID-19 Tracker Canada. https://covid19tracker.ca/vaccinationtracker.html.

[5] *COVID-19 vaccine willingness among Canadian population groups*. (2021, August 20) Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/45-28-0001/2021001/article/00011-eng.htm.

[6] Chemaitelly, H., Tang, P., Hasan, M. R. *et al*. (2021) *Waning of BNT 162b2 vaccine protection against SARS-CoV-2 infection in Qatar.* MedRxiv preprint. https://doi.org/10.1101/2021.08.25.21262584

[7] Mizrahi, B., Lotan, R., Kalkstein, N. *et al*. (2021) *Correlation of SARS-CoV-2 breakthrough infections to time-from-vaccine; Preliminary study.* MedRxiv preprint. https://doi.org/10.1101/2021.07.29.21261317

A0078862_5-000113

be robust and long-lasting[8,9]. This is the ideal time to reassess the Government's, Public Health Agency of Canada's and Health Canada's recommendations for protecting public health and moving out of the pandemic response, as is being done by many other countries around the world.

Countries such as Sweden[10], Denmark[11] and the UK[12] are almost fully open. As of September 8, 2021, Denmark's and the UK's vaccination rates for those individuals who are eligible and have received two doses were 73.6% and 64%, respectively, according to https://ourworldindata.org/covid-vaccinations. As of September 3, 2021, Sweden's double vaccination rate was 57.9%[13,14]. The UK is able to cope with current delta infections and its hospitalizations have been consistently much lower than in previous waves[15]. In comparison, as of September 20, 2021, Canada's fully vaccinated rate is 79%, a double vaccination rate which is on par with these countries. Further reduction in Canada's hospitalizations can be readily achieved by greater utilization and awareness of the early treatment protocols (see below). We, therefore, strongly object to the unfounded fear-based messaging that the Canadian public is being targeted by.

Denmark's Health Minister, Magnus Heunicke, recently announced[16]: "The epidemic is under control. We have record-high vaccination rates." He also stated that, starting on September 10, "we can drop some of the special rules we had to introduce in the fight against COVID-19". In fact, all restrictions for COVID-19, including the CORONAPASS were dropped on that date in Denmark, and the UK has similarly followed suit. Meanwhile, the Swedish government has kept society relatively open and has only maintained limited but rather fixed NPIs (non-pharmaceutical interventions) throughout the pandemic. Experts opine that[17], "pre-immunity on a population level, could in fact be a consequence of large

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variability in individual-level susceptibility. Furthermore, this susceptibility may depend on innate immunity and cross-reactive protective immunity initiated by another virus or other factors."

Eighteen months into this pandemic and nine months into the vaccine program, there has been a tremendous amount of research completed around the world relating to SARS-CoV-2 virus, COVID-19 disease, its treatments and the vaccines. As a result of this research and growing bodies of evidence, we believe it is critical that the Canadian government and public health agencies take immediate action to engage stakeholders and re-examine public health measures with regards to the pandemic. As highly informed and educated health practitioners, researchers and professionals, members of the Canadian Covid Care Alliance (CCCA) are offering their assistance in this process. We offer this wealth of expertise with evidence-based knowledge to find viable, implementable solutions to end the pandemic restrictions to the benefit of all Canadians. It is time for Canada to set the stage for the return to a healthcare system based on evidence-based solutions, patient-provider trust and ethical regulation in government and industry.

Independent voices have always played an important role in the development of society, just as debate and critical thinking have been instrumental in the advancement of scientific research and knowledge. Based on the most current and verifiable scientific and medical data, it is now possible for the Canadian government to stand up as an international role model, acknowledge that COVID-19 is becoming endemic and move ahead with practical actions and solutions to finally end this extended crisis.

In this Declaration, we provide information and evidence regarding the following issues:

I. Early Treatment and Prophylaxis
II. Vaccine Safety and Surveillance
III. Immune Escape, Variants and Herd Immunity
IV. Informed Consent
V. Vaccine Passports ("Vax Pass") and Vaccine Mandates
VI. Censorship

I. Early Treatment and Prophylaxis

COVID-19 is the disease that develops in some people infected with the SARS-CoV-2 virus. While these two terms are often incorrectly interchanged by the public, it is crucial to understand their difference. SARS-CoV-2 is the virus that spreads via aerosols (very small droplets)[18,19] and enters the body primarily via the upper respiratory tract. Infection with this virus can lead to the development of the COVID-19 disease. To understand how to prevent or treat any disease, it is crucial to understand the pathophysiology of the disease[20]. Over the last 18 months, scientists and clinicians have described the cellular mechanisms of the SARS-CoV-2 infection[21,22]. **Practitioners tailor the disease management and treatment by targeting the distinct pathophysiological phases of the disease.**

With the current wealth of information and experience, the medical community has established that **COVID-19 is a treatable disease**. It is difficult to understand why so many of the expert panels advising governments have practically no personal experience with COVID-19 treatment, especially in its early stage when it is most amenable to therapeutic intervention and provides most impact to a patient's health and healthcare system in general. Countless doctors around the world, including some Canadian doctors, have been successfully treating the disease in its early stages on an outpatient basis using well-known, accessible and inexpensive anti-inflammatory and anti-coagulation medications, among others. These doctors and their extensive networks are at your disposal to help inform effective national treatment guidelines based on the most-up-to-date evidence and their own personal front line experience. **Leading outpatient doctors should be the backbone of the government's advisory teams.**

PROPHYLAXIS (i.e., PREVENTION) – There are a growing number of studies showing the benefits of supplements in reducing viral replication and, therefore, the duration and severity of COVID-19. Readily

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available supplements such as vitamin C[23], vitamin D[24,25], zinc[26], quercetin[27], selenium[28,29] and omega-3 fatty acids[30] have been shown to assist the immune system in the fight against COVID-19[31,32,33,34]. It has been shown in multiple studies that low levels of Vitamin D lead to more severe disease[35,36]. It is widely recognized that Canadians are typically vitamin D deficient[37], which may contribute to increased susceptibility to respiratory infections, especially during winter months. Ireland has recently recognized the importance of vitamin D supplementation in their national public health guidelines[38]. Nasal and

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throat hygiene was also shown to substantially decrease viral replication and severity of disease[39,40]. Several repurposed drugs with known antiviral effects have shown potent protection against infection (summarized here and here).

EARLY TREATMENT – As is now well accepted, both vaccinated and unvaccinated individuals are at risk to become infected with and transmit SARS-CoV-2, as well as become ill and even die from COVID-19[41,42]. As such, **it is imperative to implement early and effective treatments regardless of vaccination status.**

Since March 2020, numerous studies relating to early treatment of COVID-19 have demonstrated the effectiveness and safety of using several repurposed drugs with well-established safety profiles. For example, the inhaled steroid budesonide[43,44] has already been included in several Canadian and international treatment guidelines (UK, British Columbia, New Brunswick). However, for unknown reasons, this information has not reached many in the medical community, or the wider public. Information about early treatment has not even been adequately covered by the media, which is the primary source of pandemic-related information for most Canadians. Moreover, the biggest outpatient trial performed to date has been the Canadian COLCORONA trial, which showed a clear trend to benefit from a well-known drug, colchicine, on substantially decreasing hospitalizations and deaths[45]. Similar positive results have been also reported in top journals with another well-known drug - fluvoxamine[46,47,48].

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Some jurisdictions, such as Mexico City and El Salvador, have even deployed very successful public campaigns using treatment packs consisting of several medications and nutraceuticals[49,50].

A randomized, placebo-controlled, double-blind trial conducted in Israel from May 15, 2020, through to the end of January 2021 to evaluate the effectiveness of ivermectin in reducing viral shedding among non-hospitalized patients with mild to moderate COVID-19 concluded[51], "There were significantly lower viral loads and viable cultures in the Ivermectin group, which could lead to shortening isolation time in these patients." Calls to adopt the drug have been made, among others by its discoverer, Nobel Laureate Satoshi Omura, as well as Haruo Ozaki, chairman of the Tokyo Medical Association and U.S. and British frontline experts.

These are just some amongst hundreds of studies that support the early and efficacious treatment of COVID-19 with repurposed drugs. Well-known medications can be utilized much more easily than expensive monoclonal antibodies with limited availability and challenging administration. **Drug repurposing is the fastest, safest, and most readily deployable way to treat a pandemic disease.** Prophylaxis and early treatment protocols being used worldwide can be found at: The Association of American Physicians and Surgeons site: "Physician List & Guide to Home-Based COVID Treatment"; and the Front Line COVID-19 Critical Care Alliance (FLCCC) site.

Scientific studies have shown that multidrug early treatment with combinations of repurposed drugs and nutraceuticals is highly successful in preventing escalation of the disease. Physicians around the world are successfully managing COVID-19 in the outpatient setting using a variety of treatment and preventative protocols. The common message amongst them all is that treatment is most successful when initiated early.

It is the CCCA's strong recommendation that the government and PHAC re-focus their efforts to educate physicians and the general public about the importance of prophylaxis and early treatment in combating COVID-19.

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II. Vaccine Safety and Surveillance

Safe and effective vaccines can be an important tool in addressing a pandemic. Unfortunately, since the government's vaccination program was implemented, we have observed, first-hand, the warning signs regarding vaccine safety, including many of the potential adverse events presented during the VRBPAC meeting on October 22, 2020[52] (Slide #16 in Appendix A) before the vaccine rollout, including significant signs of micro-clotting and even deaths[53,54].

In early 2021, Dr. Charles Hoffe of Lytton, British Columbia, discovered that several of his patients had experienced adverse events after receiving the Moderna vaccine. He wrote an open letter to Provincial Health Officer Dr. Bonnie Henry sharing his findings and to seek guidance[55], but was dismissed, silenced and even sanctioned for his attempts to protect Canadians[56,57]. More recently, Dr. Hoffe discovered that the majority of his vaccinated patients tested for the D-dimer marker showed elevated D-dimer levels pointing to signs of micro-clotting, a potentially very serious condition whose long-term effects are yet to be determined. Our colleague Dr. Byram Bridle, Associate Professor of Viral Immunology at the University of Guelph, also sounded the alarm when he realized that the SARS-CoV-2 spike protein itself is almost entirely responsible for the adverse cardiovascular effects from both COVID-19 and the vaccine product[58]. He too was aggressively silenced and criticized for sharing his findings[59], which have been reiterated by numerous other experts. Increasing number of scientific studies show that the spike

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protein by itself is bioactive and can be toxic to tissues[60,61,62,63,64,65]. S1 subunit of the spike protein is sufficient to cause tissue damage[66,67,68,69]. These findings are concerning because COVID-19 vaccines also induce production of the spike protein by our own human cells. Moreover, we now know that some of the mRNA vaccine can leave the site of the injection and travel throughout the body[70,71]. The spike protein and its S1 subunit have also been found to circulate in some vaccinated individuals[72]. While damage is expected in an untreated COVID-19 patient, vaccines are administered to healthy individuals. It is therefore paramount to use immunization strategies that use benign viral components. This however does not seem to be fulfilled with currently deployed COVID-19 vaccines.

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Many other scientists, both in Canada and around the world, have expressed concerns regarding the potential development of antibody-dependent enhancement (ADE) in vaccinated individuals[73,74]. ADE typically results in serious illness and even death by allowing the virus to more easily replicate in a person who has produced non-sterilizing antibodies (antibodies that do not destroy the virus). A study[75] published on August 9, 2021, in the Journal of Infection confirmed ADE with the delta variant and the presence of infection-enhancing antibodies in symptomatic COVID-19 patients. ADE is a well-known phenomenon that has been previously reported with several different viruses, including coronaviruses and has hindered vaccine development in the past[76,77].

While we are seeing the acute and sub-acute adverse events of COVID-19 vaccination, the long-term effects of these still largely experimental genetic vaccines will not be known for some time to come. It is however already known that the spike protein can cause hyper-inflammation[78,79,80]. Numerous biological activities of the spike protein, the biodistribution and the mechanism of COVID-19 vaccines suggest that possible future increase in autoimmune diseases and cancers cannot be ruled out. For example, the relationship between the Pandemrix vaccine deployed in 2009 against influenza and narcolepsy in children was uncovered by Swedish and Finnish authorities only after its wide commercial deployment to over 30 million people[81].

It has been a well-established practice that any new medical product must be closely monitored at both the formal clinical trial and deployment stages. However, the presently used vaccines have been deployed on the general public with little systematic reporting of vaccine injury and highly biased analyses

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[73] ADE occurs when the antibodies generated bind to a pathogen but are unable to prevent infection. Instead, these antibodies act as a "Trojan horse," allowing the pathogen to enter cells, worsening the disease in persons already exposed to the virus through a previous infection or vaccination.

[74] It was also stated in the Health Canada Summary Basis of Decision (updated May, 2021) that "the possibility of vaccine-induced disease enhancement after vaccination against SARS-CoV-2 has been flagged as a potential safety concern that requires particular attention by the scientific community, including The World Health Organization (WHO),…"; Full article: Vaccination against SARS-CoV-2 and disease enhancement – knowns and unknowns (tandfonline.com)

[75] Yahi, N., Chahinian, H., and Fantini, J. (2021) *Infection-enhancing anti-SARS-CoV-2 antibodies recognize both the original Wuhan/D614G strain and Delta variants. A potential risk for mass vaccination?* J Infect. In press. https://doi.org/10.1016/j.jinf.2021.08.010

[76] Wan, Y., Shang, J., Sun, S. *et al.* (2020) *Molecular mechanism for antibody-dependent enhancement of Coronavirus entry.* J Virol. 94(5):e02015-19. https://doi.org/10.1128/JVI.02015-19

[77] Tseng, C-T., Sbrana, E., Iwata-Yoshikawa, N. *et al.* (2012) *Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus.* PLoS One. 7(8). https://doi.org/10.1371/annotation/2965cfae-b77d-4014-8b7b-236e01a35492

[78] Patra, T., Meyer, K., Geerling, L. *et al.* (2020) *SARS-CoV-2 spike protein promotes IL-6 trans-signaling by activation of antiotensin II receptor signaling in epithelial cells*. PLoS Path. 16(12):e1009128. https://doi.org/10.1371/journal.ppat.1009128

[79] Petruk, G., Puthia, M., Petrlova, J.*et al.* (2020) *SARS-CoV-2 spike protein binds to bacterial lipopolysaccharide and boosts proinflammatory activity*. J Mol Cell Biol. 12(12):916–932. https://doi.org/10.1093/jmcb/mjaa067

[80] Souchelnytskyi, S., Nera, A and Souchelnytskyi, N. (2021) *COVID-19 engages clinical markers for the management of cancer and cancer-relevant regulators of cell proliferation, death, migration, and immune response*. Nature Sci Rep. 11:5228. https://doi.org/10.1038/s41598-021-84780-y

[81] Sarkanene, T., Alakuijala, A., Julkunen, I. and Partinen, M. (2018) *Narcolepsy associated with Pandemrix vaccine.* Curr Neurol Neurosci Rep. 18:43 https://link.springer.com/article/10.1007/s11910-018-0851-5

of those reports that have been filed. Based on our experience, there is vast under-reporting of adverse events. Vaccine injuries are frequently downplayed or dismissed as mere coincidences, resulting in low reporting to the Canadian Immunization Surveillance Program (CAEFISS), rendering its reports unreliable.

Reports that do get submitted are frequently rejected despite sound clinical judgement from the primary care provider. This is clearly evident upon inspection of the Health Canada website (https://health-infobase.canada.ca/covid-19/vaccine-safety/) where the weekly reports of adverse reactions from May 1, 2021, onward surprisingly declined, despite increased rates of vaccine administration. Moreover, as the vaccination program has continued in recent months, the ratio of reports of serious adverse reactions (i.e., requiring hospitalization or deaths) versus mild reactions increased from ~15% to well over 40%. Finally, three-quarters of all the vaccine injury reports are for females, whereas a more equitable distribution between males and females would have been expected.

During the Emergency Use Authorization (EUA) process in the USA, the COVID-19 vaccines were considered for EUA pending reliance on the safety surveillance system called the Vaccine Adverse Events Reporting System (VAERS). As of September 10, 2021, VAERS has recorded 14,925 deaths, 60,741 hospitalizations, 19,210 permanent disabilities, 5,765 cases of myocarditis, 6,637 heart attacks, 1,862 miscarriages and more. These events are understood to be correlated and have been explored in clinical and research settings as they have emerged, such as with thrombocytopenia[82]. AstraZeneca vaccines were paused and then phased out in Canada in response to adverse events, though this has been an odd exception when compared to the multitude of similar and worse events reported in VAERS and other systems in relation to the mRNA vaccines.

Moreover, based on a 2009 Centers for Disease Control and Prevention (CDC) commissioned Harvard study, it is known that there is vast under-reporting of adverse events to the VAERS in general (less than 2% of valid adverse events get reported) and doctors are now finding that some of their reports to VAERS are either missing, or have been unjustifiably rejected. Over the last 30 years up to August 13, 2021, more than a third of all VAERS reports of vaccine injuries (1.4 million) have been linked to COVID-19 vaccines (595,622). As of August 13, 2021, there were a total of 184,886 Serious Adverse Events (SAE) for ALL vaccines, 80,850 of which were entirely for COVID-19 vaccines[83].

A Canadian researcher, Jessica Rose, PhD, MSc, BSc, recently authored a report entitled[84], "A Report on the U.S. Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 Messenger

[82] Warkentin, T. E. and Cuker, A. (2021, August 20) *COVID-19: Vaccine-induced immune thrombotic thrombocytopenia (VITT).* UpToDate. https://www.uptodate.com/contents/covid-19-vaccine-induced-immune-thrombotic-thrombocytopenia-vitt.

[83] National Vaccine Information Center. (2021) *MedAlerts: Search the U.S. Government's VAERS Data*. https://medalerts.org/

[84] Covid Strategies. (2021, Jul 2) *Canadian researcher analyzes CDC VAERS data for COVID-19 vaccine safety POV – But is the other side of risk calculated.* https://www.covidstrategies.org/canadian-researcher-analyzes-cdc-vaers-data-for-covid-19-vaccine-safety-pov-but-is-the-other-side-of-risk-calculated/

Ribonucleic Acid (mRNA) Biologicals." Her results are found in Appendix C. Summarizing her findings[85], the researcher made the following conclusions:

- "[COVID mRNA] Vaccines are the likely cause of reported deaths, spontaneous abortions, anaphylactic reactions, in addition to cardiovascular, neurological, and immunological Adverse Events.
- There is a strong signal from the VAERS data that the risk of suffering Serious Adverse Events (SAE) shortly after injection is significant and the overall risk signal is high.
- Autopsies should be required in cases of deaths temporally associated with the COVID-19 injections.
- Investigation and focus on immunological issues must be a priority in future studies.
- The efficacy of the experimental vaccines needs to be assessed by immunological assays and long-term studies must be required.
- Extreme care should be taken when making a decision to participate in this mass vaccination experiment."

In the European Union, as of September 11 , 2021, EudraVigilance - which gathers adverse event reports from 27 EU member states out of a total of 50 countries in Europe - has recorded 24,526 deaths and 2.317 million vaccine injuries[86], of which almost 50% are considered serious in nature[87].

As a comparison, the 1976 swine flu vaccination program in the U.S., which was rushed to market based on incomplete knowledge, was halted within months once a temporal association was made with Guillian-Barre Syndrome[88]. In hindsight, that particular swine flu was not dangerous, and it did not result in a pandemic[89]. Over 40 million people in the U.S. had been vaccinated before the program was abandoned. A rushed vaccination campaign can ultimately result in more harm than benefit. In comparison, approved vaccines normally take 7-12 years to develop and properly test. It is, therefore, very worrying that COVID-19 vaccines have no predefined stoppage condition (i.e., number of severe adverse events that would trigger a halt and review of the vaccination program) and their safety is not monitored properly.

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[85] Covid call to humanity. (2021, May 24) *New study: Vaccines are the likely cause of adverse effects and deaths following vaccination.* https://covidcalltohumanity.org/2021/05/24/new-study-vaccines-are-the-likely-cause-of-adverse-effects-and-deaths-following-vaccination/

[86] Shilhavy, B. (2021, Sep 3) *23,252 deaths, 2,189,537 injured following COVID shots: EU database of adverse reactions.* https://alethonews.com/2021/09/03/23252-deaths-2189537-injured-following-covid-shots-eu-database-of-adverse-reactions/

[87] Abbattista, M, Martinelli, I and Peyvandi, F. (2021) *Comparison of adverse drug reactions among four COVID-19 vaccines in Europe using the EudraVigilance database: thrombosis at unusual sites.* J Thromb Haemost. Online ahead of print. https://doi.org/10.1111/jth.15493 "This report on EudraVigilance data strengthens anecdotal findings on CVT [*cerebral vein thrombosis*] following COVID-19 vaccinations."

[88] Sencer, D. J., and Millar, J. D. (2006). *Reflections on the 1976 swine flu vaccination program.* Emerg Infect Dis. 12(1):29-33. https://doi.org/10.3201/eid1201.051007

[89] Fisher, R. (2020, September 21). *The fiasco of the 1976 'swine flu affair.'* BBC Future. https://www.bbc.com/future/article/20200918-the-fiasco-of-the-us-swine-flu-affair-of-1976

The Respiratory Syncytial Virus (RSV) vaccine candidate developed in the 1960s was not efficacious and actually enhanced disease when participants were subsequently exposed to RSV consistent with ADE. Hospitalizations were far more prevalent in the vaccinated group than among controls and there were two fatalities attributed to the vaccine[90]. The recent use of the Dengvaxia vaccine against Dengue Virus in the Philippines showed that vaccinated children without previous infection were at higher risk of severe disease upon reinfection compared to unvaccinated controls[91,92]. Due to this severe vaccine limitation, it has since been approved only for a specific group of people at high risk.

These cases further illustrate the need for thorough testing of vaccines before their population-wide deployment. As outlined above, numerous safety signals and red flags are also emerging today with respect to the COVID-19 vaccines. Therefore, it is imperative that the Canadian government must act swiftly and responsibly to pause the COVID-19 vaccine program, especially when vaccination of young children and additional boosters to the general public are being considered.

The CCCA opines that the number of deaths and serious adverse events caused by the vaccines both in Canada and worldwide, has significantly and devastatingly surpassed any reasonable measure that would keep a population-wide vaccine program in place. It is the opinion of the CCCA that the Canadian government's current COVID-19 vaccine program should be paused immediately for the safety of all Canadians, especially considering that those most at risk of the disease are already largely vaccinated. Additional vaccinations will produce more harm than benefit.

[90] Hurwitz, J. L. (2014) *Respiratory syncytial virus vaccine development.* Expert Rev Vaccines. 10(10):1415-1433. https://doi.org/10.1586/erv.11.120

[91] Sridhar, S., Luedtke, A., Langevin, E. *et al.* (2018) *Effect of Dengue Serostatus on Dengue vaccine safety and efficacy.* N Engl J Med. 379:327-340. https://www.nejm.org/doi/full/10.1056/NEJMoa1800820

[92] Wilder-Smith, A, Flasche, S., Smith, P. G. (2019) *Vaccine-attributable severe dengue in the Philippines.* Lancet. 394(10215):2151-2152. https://doi.org/10.1016/S0140-6736(19)32525-5

III. Immune Escape, Variants and Herd Immunity

Prior to initiating the vaccine program, scientists warned the World Health Organization (WHO) against vaccinating amidst a pandemic, particularly with a "leaky," or non-sterilizing vaccine. The basis for this warning is the well-known paradigm that the use of a leaky vaccine can create ideal conditions for the proliferation of potentially dangerous variants within vaccinated individuals. In the poultry industry, use of leaky vaccines has allowed survival and spread of deadly strains of Marek's disease virus to the point that none of the farmed chickens can survive nowadays without vaccination. Prior to vaccine use, mortality of chickens infected with Marek's disease was rather low[93,94,95,96].

This is in stark contrast to sterilizing vaccines, such as the ones used for smallpox or polio, which prevent individuals from contracting, transmitting, falling ill and dying from the diseases against which they have been inoculated.

In March 2021, Dr. Geert Vanden Bossche, a Belgian virologist and vaccinologist who formerly worked with the Bill & Melinda Gates Foundation and GAVI, wrote an open letter[97] to the WHO about the consequences of vaccinating in the heat of a pandemic. In his August 12, 2021, document entitled *C-19 Pandemia: Quo vadis, homo sapiens?*[98] he explains, "As of the early days of the mass vaccination campaigns, at least a few experts have been warning against the catastrophic impact such a program could have on global and individual health. Mass vaccination in the middle of a pandemic is prone to promoting selection and adaptation of immune escape variants that are featured by increasing infectiousness and resistance to spike protein (S)-directed antibodies (Abs), thereby diminishing protection in vaccinees and threatening the unvaccinated. This already explains why the WHO's mass vaccination program is not only unable to generate herd immunity (HI) but even leads to substantial erosion of the population's immune protective capacity. As the ongoing universal mass vaccination program will soon promote dominant propagation of highly infectious, neutralization escape mutants (i.e., so-called 'S Ab-resistant variants'), naturally acquired, or vaccinal neutralizing Abs, will, indeed, no longer offer any protection to immunized individuals whereas high infectious pressure will continue to suppress the innate immune defense system of the non-vaccinated. This is to say that every further increase in vaccine coverage rates will further contribute to forcing the virus into resistance to neutralizing, S-specific Abs. Increased viral infectivity, combined with evasion from antiviral immunity, will inevitably result in an additional toll taken on human health and human lives. Immediate action needs, therefore, to be taken in order to dramatically reduce viral infectivity rates and to prevent selected immune escape variants from rapidly spreading through the entire population, whether vaccinated or not. This first critical step can only

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[93] Read, A.F., Baigent, S. J., Powers, C. *et al.* (2015) *Imperfect vaccination can enhance the transmission of highly virulent pathogens.* PLoS Biol. https://doi.org/10.1371/journal.pbio.1002198

[94] Boots, M. (2015) *The need for evolutionarily rational disease interventions: Vaccination can select for higher virulence.* PLoS Biol. https://doi.org/10.1371/journal.pbio.1002236

[95] Akpan, N. (2015, Jul 27) *This chicken vaccine makes its virus more dangerous.* PBS News Hour. https://www.pbs.org/newshour/science/tthis-chicken-vaccine-makes-virus-dangerous

[96] Yong, E. (2015, Jul 27) *Leaky vaccines enhance spread of deadlier chicken viruses.* National Geographic. https://www.nationalgeographic.com/science/phenomena/2015/07/27/leaky-vaccines-enhance-spread-of-deadlier-chicken-viruses/

[97] Vanden Bossche, G. (2021, Mar 6) *Public Health Emergency of International Concern: Why mass vaccination amidst a pandemic creates an irrepressible monster.* https://37b32f5a-6ed9-4d6d-b3e1-5ec648ad9ed9.filesusr.com/ugd/28d8fe_266039aeb27a4465988c37adec9cd1dc.pdf

[98] Vanden Bossche, G. (2021, Aug 12) *C-19 Pandemia: Quo vadis, homo sapiens?* https://www.geertvandenbossche.org/post/c-19-pandemia-quo-vadis-homo-sapiens

be achieved by calling an immediate halt to the mass vaccination program and replacing it by widespread use of antiviral chemoprophylactics while dedicating massive public health resources to scaling early multidrug treatments of COVID-19 disease."

Less than 6 months later, his predictions are coming true. We are now faced with variants that circumvent the first generation of these genetic vaccines - which were modelled off the now extinct SARS-CoV-2 Wuhan strain provided by China. These vaccines have become relatively ineffective in combating the transmission of the newer delta variant and are expected to be even less effective with the emerging mu variant[99]. According to CDC Director Rochelle Walensky, "…we are seeing concerning evidence of waning vaccine effectiveness over time, and against the delta variant." And the CDC's August 19, 2021, admission that, "those who were vaccinated early are at increased risk of severe disease as vaccine effectiveness is waning."

Currently, the scenario playing out around the world is seeing fully vaccinated individuals producing variants, as well as catching, transmitting, falling ill and dying from the virus[100,101,102,103]. We are seeing surges of COVID-19 in highly vaccinated places such as Israel, Gibraltar and Iceland[104]. Israel had 72.5% of its eligible population double vaccinated[105], yet it could not achieve herd immunity through vaccination. Consequently, they are now performing additional vaccinations with a third booster shot, without prior efficacy and safety studies, because long-lasting immune memory was not achieved with the first two injections of the Pfizer mRNA vaccine.

With an understanding that mass vaccination is likely significantly contributing to the development of concerning variants, and that the virus is fully circulating amongst and affecting even the fully vaccinated, it is scientifically inaccurate, divisive and vilifying to suggest that this is a 'pandemic of the unvaccinated'. This makes the language in Dr. Bonnie Henry's recent Public Health Order deeply concerning, as she unfoundedly describes the mere presence of "unvaccinated persons" as posing "risk of

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[99] United Nations. (2021, Sep 1) *COVID-19: New Mu variant could be more vaccine-resistant.* UN News. https://news.un.org/en/story/2021/09/1098942

[100] Beale, J. and Shearing, H. (2021, Jul 14) *HMS Queen Elizabeth: Covid outbreak on Navy flagship.* BBC News. https://www.bbc.com/news/uk-57830617

[101] Massi, A. (2021, Aug 23) *I went to a party with 14 other vaccinated people; 11 of us got COVID: COMMENTARY.* The Baltimore Sun. https://www.baltimoresun.com/opinion/op-ed/bs-ed-op-0804-breakthrough-covid-20210803-t32trfpiwzdf5okfar45f64whi-story.html

[102] The Gateway Pundit. (2021, Jul 25) *UPDATE FROM SYDNEY: Reporter apologizes for unclear numbers on vaccinated individuals.* NSW News 9 (Rumble). https://rumble.com/vkba8x-update-from-sydney-all-new-covid-hospitalizations-involve-vaccinated-indivi.html

[103] Markos, M., (2021, Jun 17) *Nearly 4,000 breakthrough COVID infections have now been reported in mass.* NBC Boston. https://www.nbcboston.com/news/local/nearly-4000-breakthrough-covid-infections-have-now-been-reported-in-mass/2408052/

[104] Salazar, A. (2021, Jul 30) *Gibraltar, Iceland see Massive Covid Spike despite over 90% of population vaccinated.* NOW Report. https://nworeport.me/2021/07/30/gibraltar-iceland-see-massive-covid-spike-despite-over-90-of-population-vaccinated/

[105] Estrin, D. (2021, Aug 20) *Highly vaccinated Israel is seeing a dramatic surge in New Covid Cases - Here's why*. NPR. https://www.npr.org/sections/goatsandsoda/2021/08/20/1029628471/highly-vaccinated-israel-is-seeing-a-dramatic-surge-in-new-covid-cases-heres-why

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harm to residents of B.C.", while also conceding that vaccinated individuals are also at risk of spreading the virus and falling ill with COVID-19[106].

It is evident that no country, anywhere in the world, can eradicate the virus by indiscriminate vaccination and attempting to do so may in fact be dangerous as we create more resistant strains of SARS-CoV-2. Vaccination will not achieve herd immunity. We must instead move in the direction of natural immunity[107] for those at minor risk, which is the vast majority of the population, with the added protections of prophylaxis and early treatment. If we do otherwise, and continue with the current vaccination programs, we will face a waterfall of variants that will continue to pose a threat to the most vulnerable in our country, including those who are vaccinated. Also, since many diverse domestic as well as wild animals have been shown to be susceptible to SARS-CoV-2, containment of this virus by vaccination alone to prevent future infections of humans will be highly unlikely[108,109].

[106] Henry, B. (2021, September 2). *FACE COVERINGS (COVID-19) – SEPTEMBER 2, 2021*. BC Ministry of Health. https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-order-face-coverings.pdf.

[107] Cohen, K. W., Linderman, S. L., Moodie, Z. *et al.* (2021, June 18) *Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells*. MedRxiv preprint. https://www.medrxiv.org/content/10.1101/2021.04.19.21255739v1

[108] Cool, K., Gaudreault, N. N., Morozov, I. *et al. Infection and transmission of ancestral SARS-CoV-2 and its alpha variant in pregnant white-tailed deer.* BioRxiv preprint. https://www.biorxiv.org/content/10.1101/2021.08.15.456341v2

[109] Griffin, B. D., Chan, M., Tailor, N. *et al. SARS-CoV-2 infection and transmission in the North American deer mouse.* Nat Comm. 12:3612. https://www.nature.com/articles/s41467-021-23848-9

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IV. Informed Consent

According to the Ontario Health Care Consent Act of 1996:

No treatment without consent: 10 (1) A health practitioner who proposes a treatment for a person shall not administer the treatment, and shall take reasonable steps to ensure that it is not administered, unless, (a) he or she is of the opinion that the person is capable with respect to the treatment, and the person has given consent; or (b) he or she is of the opinion that the person is incapable with respect to the treatment, and the person's substitute decision-maker has given consent on the person's behalf in accordance with this Act. 1996, c. 2, Sched. A, s. 10 (1).

11 (1) The following are the elements required for consent to treatment:
1. The consent must relate to the treatment.
2. The consent must be informed.
3. The consent must be given voluntarily.
4. The consent must not be obtained through misrepresentation or fraud. 1996, c. 2, Sched. A, s. 11 (1).

In this case, the "treatment" is the COVID-19 vaccine.

As health care providers managing the care of thousands of patients who have experienced adverse reactions to the vaccines (the "vaccine injured"), **it has become apparent that our patients have not been properly informed[110] regarding their individual risks and benefits of the COVID-19 vaccine products nor the nature of the underlying technology.** Moreover, when it comes to children over 12 providing consent to an investigational product/injection without parental guidance, we are even more so alarmed[111]. By the manufacturers' own definitions, these are investigational gene therapy products[112]. They were initially authorized by Health Canada under Interim Order and have recently been transition to an authorization under Division 8 (New Drugs) of the *Food and Drug Regulations*[113]. The regulatory decision itself states: "An important limitation of the data is the lack of information on the long-term safety and effectiveness of the vaccine"[114,115]. It is, therefore, entirely reasonable for individuals to take a

[110] Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council (2019) *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.* Government of Canada. https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf

[111] Bowden, O. (2021, May 21) *Do Ontario children 12-15 need parental consent to get COVID-19 vaccines? It depends where you live.* Toronto Star. https://www.thestar.com/news/gta/2021/05/21/do-ontario-children-12-15-need-parental-consent-to-get-covid-19-vaccines-it-depends-where-you-live.html

[112] "Moderna, Inc. Form 10-Q for the quarterly period ended June 30, 2020." *EDGAR*. Securities and Exchange Commission, 2020, https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm

[113] Food and Drug Regulations (CRC, c.870) New Drugs: C.08.001. https://laws-lois.justice.gc.ca/eng/regulations/c.r.c.,_c._870/page-141.html#h-578215

[114] Government of Canada. (2021) Regulatory Decision Summary – COMIRNATY – Health Canada. https://covid-vaccine.canada.ca/info/regulatory-decision-summary-detail.html?linkID=RDS00856

[115] Government of Canada. (2021) Regulatory Decision Summary – SPIKEVAX – Health Canada. https://covid-vaccine.canada.ca/info/regulatory-decision-summary-detail.html?linkID=RDS00855

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cautious approach to a novel, not-fully-tested medical product that could present with short term, long term or potentially even transgenerational adverse events.

One of the concerns specifically related to the mRNA and adenoviral COVID-19 vaccines is their requirement for healthy cells to produce the spike protein of this virus, which sets them up for inflammatory responses to elicit antibody production. However, repeated inflammation of tissues is a well-known mechanism for breaking immune tolerance and induction of autoimmune diseases. Repeated immunizations, including with other vaccines that use the same technology but for other pathogenic viruses or bacteria, could be expected to cause new autoimmune disease or exacerbate pre-existing autoimmune disease.

Examples of some of the information with which Canadians should be provided prior to vaccination in order to give full informed consent include but are not limited to the following:

- **Adverse Events -** During the October 22, 2020, COVID-19 vaccine presentation[116] to the American Food and Drug Administration (FDA), a list of potential adverse events was presented (Appendix A). This list of potential adverse events was not exhaustive and was never presented to the Canadian public.

- **Risk/Benefit Calculations and Absolute Risk Reduction (ARR) -** PHAC has never provided a risk/benefit calculation based on health profile, age or gender for Canadians to consider, nor has it provided a true assessment of one's benefit from taking the vaccine. The high efficacy rate reported in the vaccine studies is a comparison of the ratio of illness prevalence in the treatment and placebo groups. It is called Relative Risk Reduction (RRR). This is a statistical comparison. However, to understand whether the vaccines reduce the risk of contracting COVID-19 one must examine the absolute risk reduction (ARR) value. According to the Pfizer trials, their vaccine afforded the individual less than a 1% reduction in the risk of contracting the disease compared to not receiving the vaccine at all. It is for this reason that the FDA clearly states in its *Communicating Risks and Benefits* guidelines[117]: ***"Provide absolute risks, not just relative risks. Patients are unduly influenced when risk information is presented using a relative risk approach; this can result in suboptimal decisions. Thus, an absolute risk format should be used."*** However, this information has not been communicated to Canadians.

- **Survivability -** In October 2020 prior to any COVID-19 vaccination campaign, the infection fatality rate (IFR) for COVID-19 was estimated by the WHO at 0.27%; with a **survivability rate of 99.73%**. The extent of actual infection of the Canadian public with SARS-CoV-2 is unknown as many

[116] Anderson, S. (2020, Oct 22) *CBER plans for monitoring COVID-19 vaccine safety and effectiveness.* US FDA. VRBPAC Meeting. https://www.fda.gov/media/143557/download

[117] Fischhoff, B., Brewer, N. T. and Downs, J. S. (2011) *Communicating risks and benefits: An evidence-based users' guide.* US FDA. https://www.fda.gov/about-fda/reports/communicating-risks-and-benefits-evidence-based-users-guide

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asymptomatic cases would have been missed[118]. The American CDC estimates that only 1 in 4 infected have been identified by testing putting true IFR at a much lower value than what is assumed from positive PCR numbers only[119]. CDC further estimates these age stratified IFRs: 0-17 years: 0.002% (survivability 99.998%), 18-49 years: 0.05% (survivability 99.95%), 50-64 years: 0.6% (survivability 99.4%), 65+ years: 9% (survivability 91%)[120]. For a healthy person under age 70, IFR is 0.05% - this is the same daily risk as driving 23 km per day in Canada[121].

- **Susceptibility -** Prior to instituting the vaccine program, PHAC was aware that it was mainly institutionalized elderly individuals with comorbidities who were at greatest risk. COVID-19 poses increased risk only to a small subset of the population - frail, elderly people with comorbidities - these are the same people who are also at risk from other common infections. By contrast, for children, COVID-19 is less deadly than the flu[122].

  Consider:
  - 96.8% of COVID-19 deaths in Alberta had 1 or more comorbidities[123].
  - 95% of USA deaths had 1 or more comorbidities[124] (on average 4 comorbidities).
  - The vast majority of all Canadian COVID-19 deaths have been in long term care homes[125].
  - According to Statistics Canada, the average age at death in Canada in 2019 was 76.5 years. However, the average age of those who died of COVID-19 in Canada last year was higher at 83.8[126] and is still around 76 years when more recent data are included[127].

[118] Since the extent of actual infection of the Canadian public with SARS-CoV-2 was not properly established, this is likely to be a substantial overestimate of the IFR.

[119] CDC. (2021, Jul 27). *Estimated COVID-19 Burden.* https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html

[120] CDC. (2021, Mar 19) *COVID-19 Pandemic Planning Scenarios.* https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html

[121] Joffe, A. R. (2021, Feb 26) *COVID-19: Rethinking the lockdown groupthink.* Front Public Health. https://doi.org/10.3389/fpubh.2021.625778

[122] Shekerdemian, L. S., Mahmood, N. R., Wolfe, K. K. *et al*. (2020) *Characteristics and outcomes of children with coronavirus disease 2019 (COVID-19) infection admitted to US and Canadian Pediatric Intensive Care Units.* JAMA Pediatr. *Characteristics and outcomes of children with coronavirus disease 2019 (COVID-19) infection admitted to US and Canadian pediatric intensive care units*. Critical Care Medicine | JAMA Pediatrics | JAMA Network

[123] Government of Alberta. (2021) *COVID-19 Alberta statistics.* COVID-19 Alberta statistics | alberta.ca

[124] CDC (2021) *Weekly updates by select demographic and geographic characteristics.* COVID-19 Provisional Counts - Weekly Updates by Select Demographic and Geographic Characteristics (cdc.gov)

[125] National Institute on Ageing. (2021) *NIA LONG TERM CARE COVID-19 TRACKER.* NIA LONG TERM CARE COVID-19 TRACKER - Empower Health (ltc-covid19-tracker.ca)

[126] Jackson, H. (2021, Jun 2) COVID-19 deaths lowered Canadians' averae life expectancy to 2013 levels: StatsCan. Global news. COVID-19 deaths lowered Canadians' average life expectancy to 2013 levels: StatsCan - National | Globalnews.ca

[127] Provisional death counts and excess mortality, January 2020 to May 2021. (2021, August 9) Government of Canada, Statistics Canada: The Daily. The Daily — Provisional death counts and excess mortality, January 2020 to May 2021 (statcan.gc.ca)

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- **Childhood Risk -** It is known that children have not been contributing significantly to the transmission of the virus[128,129,130]. The overall survival rate of minors (under the age of 19 years) with COVID-19 is 99.997%[131,132]. With several serious adverse events being recognized only post-authorization (e.g. myocarditis and pericarditis), and potential yet unrecognized adverse events, it is possible that healthy children face similar or higher risks from vaccination than from the disease itself. As of September 17, 2021, only 2% of all hospitalized in Canada that tested positive for SARS-CoV-2 have been under the age of 20 and only 15 Canadians in this age group infected with the virus died[133]. For comparison, about 110 kids die annually in Canada from cancer[134]. Furthermore, a 13-year-old girl that participated in a Pfizer trial for 12-15 year olds, Maddie de Garay, has been permanently disabled, yet this information has not been reported in trial results pointing to possible trial irregularities[135]. (Further information regarding youth vaccination in Appendix B)

From December 13, 2020 to August 7, 2021, there have been 314 reports of myocarditis or pericarditis following receipt of COVID-19 mRNA vaccines in Ontario[136]. The highest reporting rate of myocarditis/pericarditis was observed in males aged 18-24 years following the second dose. The UK government's advisory body on vaccination has decided not to recommend universal COVID vaccination for 12–15-year-olds[137], because of the "very low risk, considerations on the potential harms and benefits of vaccination are very finely balanced."

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[128] Rajmil, L. (2020) Role of children in the transmission of the COVID-10 pandemic: a rapid scoping review. BMJ Paediatr Open. 4e000722. *Role of children in the transmission of the COVID-19 pandemic: a rapid scoping review.* BMJ Paediatrics Open

[129] Somekh, I., Boker, L. K., Shohat, R. *et al*. Comparison of COVID-19 incidence rates before and after school reopening in Israel. JAMA Netw Open. 4(4):e217105. https://doi.org/10.1001/jamanetworkopen.2021.7105

[130] Eberhardt, C. S. and Siegrist, C-A. (2021) Is there a role for childhood vaccination against COVID-19? Pediatr Allergy Immunol. 32(1):9-16. https://doi.org/10.1111/pai.13401

[131] Bhopal, S. S., Bagaria, J., Olabi, B., and Bhopal, R. (2021) Children and young people remain at low risk of COVID-19 mortality. Lancet Child Adolesc Health. *5*(5):E12–E13. https://doi.org/10.1016/s2352-4642(21)00066-3

[132] Smith, C., Odd, D., and Harwood, R. (2021) Deaths in children and young people in England following SARS-CoV-2 infection during the First pandemic year: A national study using linked mandatory child death reporting data. Res Sq. https://doi.org/10.21203/rs.3.rs-689684/v1

[133] Government of Canada. (2021, Sep 20) COVID-19 daily epidemiology update. https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html

[134] Ellison, L. F., Xie, L. and Sung, L. (2023, Feb 17) *Trends in paedratric cancer survival in Canada, 1992 to 2017.* Statistics Canada. https://www150.statcan.gc.ca/n1/pub/82-003-x/2021002/article/00001-eng.htm

[135] Giang-Paunon, S. (2021, Jul 2) *Mom details 12-year-old daughter's extreme reactions to COVID vaccine, says she's now in wheelchair.* Fox news. https://www.foxnews.com/media/ohio-woman-daughter-covid-vaccine-reaction-wheelchair

[136] Public Health Ontario. (2021) *Myocarditis and pericarditis following vaccination with COVID-19 mRNA vaccines in Ontario: December 13, 2020 to August 7, 2021.* Government of Ontario. https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-myocarditis-pericarditis-vaccines-epi.pdf

[137] Zhou, L. (2021, Sep 3) *UK Advisory Body not recommending CCP virus vaccines to healthy children under 16.* The Epoch Times. https://www.theepochtimes.com/mkt_app/uk-vaccines-advisory-body-not-recommending-ccp-virus-vaccines-to-healthy-children-under-16_3980285.html?v=ul

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It is clear our patients were not provided with this information prior to inoculation, and they were not given the opportunity to discuss their risk/benefit ratio and/or alternative prophylaxis or treatment options (discussed above) with their primary care practitioners or those administering the injections. Those who experience a vaccine injury, some of which are debilitating and life-altering, are scared, confused and angry about the lack of information essential for informed consent. As there are no standards of care for these vaccine injuries, many patients feel abandoned by their own practitioners and are left to seek treatment guidance on their own.

We are seeing unnecessary harm come to patients who were not fully informed about the potential adverse events nor their risk-to-benefit ratio. Consequently, they were unable to give full informed consent. Many of these patients would most likely have fully recovered naturally from COVID-19, particularly if provided with early treatment (as discussed above). This has been a flagrant abuse by the government in pressing a vaccination agenda, while robbing individuals of the freedom to make informed decisions about their own health. Without full transparency and informed consent, and without a full appreciation and proper evaluation of the safety of these novel vaccines (both short and long term) the current COVID-19 vaccination programs should be paused immediately. <u>We greatly support classical vaccine programs as developed over past decades and are therefore deeply concerned that this blatant disregard for medical ethics and most recent scientific data during COVID-19 vaccinations will irreparably damage Canadians' trust in the traditional vaccine programs.</u>

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V. Vaccine Passports ("Vax Pass") and Vaccine Mandates

On August 18, 2021, Prime Minister Justin Trudeau stated, "The bottom line is, if anyone who doesn't have a legitimate medical reason for not getting fully vaccinated chooses to not get vaccinated, there will be consequences"[138]. NDP Leader Jagmeet Singh issued a statement saying public servants who refuse a shot could be punished under collective agreements between unions and the federal government[139]. **This is totalitarianism, plain and simple**.

The implementation of vaccine passports and vaccine mandates in order to maintain employment, travel or avail oneself of an education has implications with issues of informed consent, medical privacy, the Canadian Charter of Rights and Freedoms and the (Ontario) Human Rights Code.

The CCCA strenuously objects to Vaccine Passports ("Vax Passes") and vaccine mandates of any kind for the following reasons:

THE LAW

1) **Informed consent:** We must examine the rights of a patient with respect to consenting to a medical treatment such as novel genetic vaccines. This fundamental principle is at the core of a person's bodily autonomy, integrity and dignity. Consent must be **informed** as set out in case law including the Supreme Court decisions of Parmley & Parmley v Yule[140], and Hopp v Lepp[141]. The patient must be 'sufficiently informed to enable him to make an informed choice' otherwise medical treatment is tantamount to assault or force. Is it truly "consent" to receive a vaccine when the individual's ability to work to feed one's family, educate him/herself or to travel is being threatened?

   The Supreme Court decision of Her Majesty the Queen v Steven Brian Ewanchuk[142] states that consent must be "**freely given"**. Consequently, if a person is fearful of losing his/her job, education or ability to travel, and is, therefore, being coerced to be vaccinated, consent is not freely given. The decision states: "As enumerated in **[of the Criminal Code],** these include submission by reason of force, fear, threats, fraud or the exercise of authority, and codify the longstanding common law rule that **consent given under fear or duress is ineffective**." [Author's emphasis]. "Authority" in this case could be someone's employer or the government (i.e., not permitting travel or access to funerals, weddings or restaurants).

2) Section 15 of the **Canadian Charter of Rights and Freedoms – Equality Rights** which states: "15. (1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or

[138] Tasker, J. P. (2021, Aug 17) *Trudeau warns of 'consequences' for public servants who duck COVID-19 shots.* CBC News. https://www.cbc.ca/news/politics/trudeau-consequences-public-servants-vaccines-1.6143735

[139] Gray, M. (2021, Aug 17) *President of the largest public sector union 'will not stand' for termination of unvaccinated civil servants.* CTV News. https://www.ctvnews.ca/politics/federal-election-2021/president-of-largest-public-sector-union-will-not-stand-for-termination-of-unvaccinated-civil-servants-1.5550820

[140] Parmley v. Parmley, 1945 CanLII 13(SCC), [1945] SCR 635. https://canlii.ca/t/21v4g

[141] Hopp v. Lepp, 1980 CanLII 14 (SCC), [1980] 2 SCR 192. https://canlii.ca/t/1mjv6

[142] R. v. Ewanchuk, 1999 CanLII 711 (SCC), [1991] 1 SCR 330. https://canlii.ca/t/1fqpm

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physical disability." Persons in society being discriminated against—such as being unable to go into a theatre, concert or use public transportation - based on medical choice would be a violation of our human rights as per the Charter.

3) **Nuremberg Code** - Being coerced or forced into a mandated medical intervention is in violation of the Nuremberg Code principles. Article 6, Section 1 states: "Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice". Article 6, Section 3 states: "In no case should a collective community agreement, or the consent of a community leader or other authority, substitute for an individual's informed consent".

4) Section 6 of the **Canadian Charter of Rights and Freedoms – Mobility** "6. (1) Every citizen of Canada has the right to enter, remain in and leave Canada" without impediment. It is a violation of our Charter rights to prevent passage between provinces, at the Canadian/US border, at train stations or in airports.

5) Vax passes violate our medical privacy laws as per the Personal Information Protection and Electronic Documents Act (PIPEDA) and Personal Health Information Protection Act (PHIPA).

6) While the government suggests repeat PCR testing for those employees who refuse an injection and, therefore, cannot show proof of "vaccination", according to Bill S-201 or the Genetic Non-Discrimination Act, "federally regulated employers cannot use a person's genetic test results in decisions about hiring, firing, job assignments, or promotions; or request or require genetic test results of an employee." PCR tests are a form of genetic testing. PCR tests that require probing deep within the nasal cavities on a repeated basis can inflict discomfort and injury, and could be viewed as a form of abuse.

THE SCIENCE, MEDICINE AND LOGISTICS

7) SARS-CoV-2 is neither a particularly deadly nor exotic virus and may be considered similar to a bad flu with over 99% survivability rate for the majority of the population. There are readily available early treatments to lessen the duration and severity of the illness. There is no valid reason for either a vaccine passport or vaccine mandate to protect oneself or others with respect to the present measured threat to society. Only a small portion of society is at higher risk of developing severe disease (elderly, frail, people with comorbidities), particularly when untreated. These are the same people that are at higher risk with respect to other diseases for which we do not isolate the healthy general public. If vaccine passports are accepted for such a low level of threat demonstrated by this virus, it may follow suit that such requirements be enacted for other viruses such as HIV, hepatitis, papilloma virus, influenza, or bacteria such as Mycobacterium tuberculosis.

8) Vaccine passports will not stop the spread of the virus. It is now abundantly clear based on emerging studies and clinical observations that both the vaccinated and the unvaccinated can

contract, carry and transmit COVID-19 and carry similar viral loads[143]. **This fact alone entirely negates the purpose of a Vax Pass or vaccine mandates.** According to CDC Director Rochelle Walensky, "The increased viral load associated with the delta variant appears to make vaccinated people equal spreaders of the virus." A study by Chau *et al*.[144] showed that vaccinated health care workers with breakthrough infections of the delta strain carried 251 times the viral load in their nostrils compared to those infected with older strains detected between March-April 2020 (unvaccinated). This would explain the recent reports of fully vaccinated individuals infecting each other and demonstrates the futility in vaccinating groups at low risks of COVID-19[145,146,147,148]. Therefore, vaccine passports would give some a false sense of security.

9) As previously mentioned, apart from mounting evidence of waning[149] efficacy of the COVID-19 vaccines approved for use in Canada, there is also increasing evidence of a relatively high rate of injury from these particular vaccines.

10) As of December 2020, there were over 200 vaccine candidates for COVID-19 being developed and 52 were in human trials[150]. It will become logistically impossible for any one Vax Pass to keep up with the make, model and number of jabs required to stay current with respect to a vaccine schedule particularly when each product may require differing numbers of injections.

11) Newcomers or travelers will be forced to take more than one vaccine product to satisfy the country in which they wish to travel or live. Take for example the Canadian woman in China who has taken the Sinovac vaccine but wishes to return to Canada, a country which does not recognize that particular vaccine product. Consequently, she is forced to take a different vaccine product to satisfy Canada's requirements. The scientific community is unaware of the effects of combining these medical products. Furthermore, different countries have applied different standards in their acceptability of what constitutes proper vaccination protocols. For instance, the UK had required

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[143] Riemersma, K. K., Grogan, B. E., Kita-Yarbro, A *et al*. (2021) *Shedding of infectious SARS-CoV-2 despite vaccination.* MedRxiv preprint. https://doi.org/https://doi.org/10.1101/2021.07.31.21261387

[144] Chau, N. V., and Gnoc, N. M. (2021) *Transmission of SARS-CoV-2 delta variant among vaccinated healthcare workers, Vietnam.* Lancet preprint. https://doi.org/http://dx.doi.org/10.2139/ssrn.3897733

[145] Beale, J. and Shearing, H. (2021, Jul 14) *HMS Queen Elizabeth: Covid outbreak on Navy flagship.* BBC News. https://www.bbc.com/news/uk-57830617

[146] Massi, A. (2021, Aug 23) *I went to a party with 14 other vaccinated people; 11 of us got COVID: COMMENTARY.* The Baltimore Sun. https://www.baltimoresun.com/opinion/op-ed/bs-ed-op-0804-breakthrough-covid-20210803-t32trfpiwzdf5okfar45f64whi-story.html

[147] The Gateway Pundit. (2021, Jul 25) *UPDATE FROM SYDNEY: Reporter apologizes for unclear numbers on vaccinated individuals.* NSW News 9 (Rumble). https://rumble.com/vkba8x-update-from-sydney-all-new-covid-hospitalizations-involve-vaccinated-indivi.html

[148] Markos, M., (2021, Jun 17) *Nearly 4,000 breakthrough COVID infections have now been reported in mass.* NBC Boston. https://www.nbcboston.com/news/local/nearly-4000-breakthrough-covid-infections-have-now-been-reported-in-mass/2408052/

[149] Lovelace, B. Jr. (2021, Jul 23) *Israel says Pfizer Covid vaccine is just 39% effective as delta spreads, but still prevents severe illness.* CNBC news. https://www.cnbc.com/2021/07/23/delta-variant-pfizer-covid-vaccine-39percent-effective-in-israel-prevents-severe-illness.htm

[150] WHO. (2021, Jan 12) *The different types of COVID-19 vaccines.* WHO's Vaccines Explained Series. https://www.who.int/news-room/feature-stories/detail/the-race-for-a-covid-19-vaccine-explained

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Canadians who have been fully vaccinated to undergo quarantine restrictions for entry, but not travelers from the European Union or the U.S.

12) Vaccine passports will have a greater negative impact on the poor, the homeless and those with mental illness or developmental delays as they may not have a mobile device or a printer to demonstrate their documentation. For those who choose to remain unvaccinated, vaccine passports may prevent them from accessing fitness facilities that help to prevent obesity, one of the co-morbidities of COVID-19.

13) Many people already have immune protection to SARS-CoV-2 virus or are healthy with no symptoms. This includes 1) those who can show a negative rapid COVID-19 test; 2) those who are COVID-19-recovered as confirmed with a PCR test for the virus during their illness; and 3) those who can demonstrate antibodies and/or T-cells reactive to SARS-CoV-2. After at least 18 months of exposure of our population to SARS-CoV-2, the percentage of Canadians that is estimated to have naturally acquired immunity is up to 90%, with broader testing needed to establish the country-wide level and how it may affect safety and efficacy of the vaccine product[151]. Moreover, immunity acquired by infection is more robust, broader and more durable than the temporary immunity acquired by vaccination[152], yet a vaccine passport would exclude these individuals from participating in society.

14) Vaccine passports and vaccine mandates discriminate against those who cannot be vaccinated either due to medical, religious or philosophical reasons.

15) Vaccine passports and vaccine mandates discriminate against those individuals who have had a "bad" reaction (as determined by the individual's experience) from a vaccine injection, and cannot or prefer not to take another injection, and cannot obtain a medical exemption. These individuals may never again be able to work or get onto a plane or participate fully in society. This may force many Canadians into poverty, depression and suicide. Moreover, more than 50% of double vaccinated individuals experience adverse reactions that provide symptoms equivalent to actual infection with the SARS-CoV-2 virus[153].

16) Vaccine passports will impose an additional tax burden on Canadians and will be an ongoing implementation burden for businesses. Moreover, in the government's haste to develop Vaccine Passports, they have not provided the public with any evidence of its efficacy, and therefore, no means of pulling back the program if or when it achieves its desired goal.

17) We cannot discriminate against our American neighbours and other international visitors who have not been vaccinated by barring their entry into Canada since those who are vaccinated also carry a substantial risk of carrying and transmitting the SARS-CoV-2 infection. We must consider,

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[151] Majdoubi, A., Michalski, C., O'Connell, S. E. *et al.* (2021) *A majority of uninfected adults show pre-existing antibody reactivity against SARS-CoV-2.* JCI insight. 6(8):e146316. https://doi.org/10.1172/jci.insight.146316

[152] Cohen, K. W., Linderman, S. L., Moodie, Z. *et al.* (2021) *Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells*. Cell Rep. 2:100354. https://doi.org/10.1016/j.xcrm.2021.100354

[153] CDC. (2021) *Local reactions, systemic reactions adverse events, and serious adverse events: Pfizer – BioNTech COVID-19 vaccine.* Vaccines & Immunizations. *Reactions and adverse events of the Pfizer-BioNTech COVID-19 vaccine.* CDC

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for instance, those Americans who own recreational property in Canada who would be unable to tend to their own real estate.

Every Canadian is entitled to enjoy their basic freedoms without having to succumb to a mandatory medical intervention, one which is a novel experimental technology. Medical decisions are made through consultation with one's primary physician based on the individual's existing medical condition(s) and history. Some Canadians wish to prudently wait for more safety and efficacy data before taking this specially authorized injection. Our government is ignoring this fact as it continues to strenuously promote mass vaccination while simultaneously fostering behaviours of discrimination, bullying, and intimidation in the workplace and in society at large. Under duress, Canadians are being forced into making impossible decisions between an invasive medical intervention with poorly understood short- and long-term safety and their job/education/leisure/travel. Of note, on September 12, 2021, the UK decided to abandon the idea of Vaccine Passports[154].

Canada has long stood as a beacon to other countries as a place of freedom from oppression. Let us not now shatter this pillar of Canadian democracy. Vaccine passports are reminiscent of the Nazi Reisepass, which permitted only certain Germans to freely travel inside and outside of Germany. The implementation of vaccine passports and vaccine mandates creates a polarized country and only serves to divide society into an apartheid of "haves" and "have nots." Vaccine passports and mandates for SARS-CoV-2 are not scientifically supported for need or effectiveness, and they are anti-democratic, anti-human rights and freedoms and anti-choice. Vaccine mandates against those Canadians who simply wish to make their own personal choices around their bodies are completely unconstitutional. The Canadian government must immediately halt all vaccine passports and mandates relating to these still largely unapproved, investigational genetic technologies, and ultimately choice must be preserved.

[154] Jackson, M. (2021, Sep 12) *England vaccine passport plans ditched, Sajid Javid says.* BBC news. https://www.bbc.com/news/uk-58535258

VI. Censorship

The CCCA is calling out the government, mainstream media and social media platforms (including the "Trusted News Initiative") for their support of and collusion in the obvious censorship and suppression of valid and critical viewpoints regarding the COVID-19 pandemic and vaccination programs. Highly credentialed and well-respected physicians, scientists and academics are being purposely maligned, muzzled, threatened, sanctioned, smeared, de-platformed and canceled for simply advising their patients on well-researched treatments or for publicizing new research on vaccine safety whenever these views are contrary to the government narrative. **No democracy can survive such censorship.** If a democracy somehow exists amongst censorship, "then democracy will inevitably be snuffed-out there, and dictatorship will inevitably be the result" as "censorship blocks some essential truths from reaching the public"[155]. We must stop the censoring of opposing viewpoints as, not only will Canadian democracy be put in jeopardy, but the public will also lose confidence in the government, science, medicine and, in this case, future vaccines.

As an essential stakeholder, the CCCA is requesting an open public forum to discuss the early treatment, COVID-19 vaccine programs, the proposed mandatory vaccines and vaccine passes. The CCCA is requesting to participate as a valued stakeholder and member of the COVID-19 Planning and Implementation Team(s), the COVID-19 Immunity Task Force, and the provincial Science Tables to discuss repurposed pharmaceutical treatments and to address non-pharmaceutical interventions (NPIs).

[155] Zuesse, E. (2020, Feb 15) *Censorship is the way that any dictatorship—and NO democracy—functions.* Strategic Culture Foundation. https://www.strategic-culture.org/news/2020/02/15/censorship-is-way-that-any-dictatorship-no-democracy-functions/

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APPENDIX A

Slide #16 - FDA Safety Surveillance of COVID-19 Vaccines October 22, 2020[156] before EUA (Emergency Use Authorization):

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Encephalitis / myelitis / encephalomyelitis / meningoencephalitis / meningitis / encephalopathy
- Convulsions / seizures
- Stroke
- Narcolepsy and cataplexy
- Acute myocardial infarction
- Myocarditis / pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Transverse myelitis
- Other acute demyelinating diseases
- Anaphylaxis and non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multi-system Inflammatory Syndrome in Children
- Vaccine enhanced disease

All of these syndromes and more have been reported to the VAERS reporting system in the USA.

[156] Anderson, S. (2020, Oct 22) *CBER plans for monitoring COVID-19 vaccine safety and effectiveness.* US FDA. VRBPAC Meeting. https://www.fda.gov/media/143557/download

APPENDIX B

Vaccination of Youth

According to the WHO, careful consideration must be given to make sure there is informed consent in the vaccination of children. https://www.who.int/publications/i/item/considerations-regarding-consent-in-vaccinating-children-and-adolescents-between-6-and-17-years-old

In Canada and most countries in the world, privileges and responsibilities are given to individuals in stages, as they develop and mature. This graded introduction to adulthood is logical, as MRI evidence shows that the human brain is not fully mature until, on average, age 24. In regards to COVID-19, the vast majority of teens under age 17 are unlikely to have the intellectual or educational capacity to make decisions about their medical health (in particular regarding experimental treatments), as well as often having little or no knowledge about their own medical profile or that of their familial health history. Moreover, as stated above, the public in general has not even been presented with transparent information comparing risks and benefits of these novel vaccines.

Allowing children as young as 12 to make significant decisions regarding potentially life-changing medical procedures involving experimental treatments could have serious long term medical implications. This policy removes parent's rights to protect their children and puts those rights into the hands of the government, essentially making children temporary wards of the state. These are decisions and rights that should rest with the parents and for which children are, in most instances, incapable of making informed decisions about and are incapable of giving informed consent for.

https://sites.duke.edu/apep/module-3-alcohol-cell-suicide-and-the-adolescent-brain/content-brain-maturation-is-complete-at-about-24-years-of-age/

https://www.nytimes.com/2016/12/21/science/youre-an-adult-your-brain-not-so-much.html

APPENDIX C

Recently published in the journal Science, Public Health Policy and the Law, Canadian Jessica Rose, PhD, MSc, BSc, authored a report titled, "A Report on the U.S. Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 Messenger Ribonucleic Acid (mRNA) Biologicals,"[157]

This article[158] entitled New study: Vaccines are the likely cause of adverse effects and deaths following vaccination summarizes the results:

- 57% of reported deaths following vaccination occurred within 48 hours of inoculation.
- 66% of emergency room (ER) visits following vaccination occurred within 48 hours of inoculation.
- 63% of hospitalizations following vaccination occurred within 48 hours of inoculation.
- 70% of individuals developed symptoms within 48 hours following first or second doses.
- 79% of all VAERS reports were made after recipients received the first dose.
- 18% of all Adverse Events (AE) reports were cardiovascular, 12% were neurological, and 35% were immunological.
- Immunological AEs continue to rise with time even as other AEs have remained stable.
- Those aged 30 to 40 years old comprise the largest subset of reports overall.
- Higher absolute numbers of VAERS deaths and hospitalization are associated with the elderly aged 65 and above. 84% of deaths following vaccination belonged to those aged 70 to 90 years old.
- The highest frequency of cardiovascular AEs was by individuals aged 20 to 30 years of age.
- Spontaneous abortions recorded among women aged 20 to 40 years. 65% of these miscarriages happened after the first dose.

[157] Covid Strategies. (2021, Jul 2) *Canadian researcher analyzes CDC VAERS data for COVID-19 vaccine safety POV – But is the other side of risk calculated.* https://www.covidstrategies.org/canadian-researcher-analyzes-cdc-vaers-data-for-covid-19-vaccine-safety-pov-but-is-the-other-side-of-risk-calculated/

[158] Covid call to humanity. (2021, May 24) *New study: Vaccines are the likely cause of adverse effects and deaths following vaccination.* https://covidcalltohumanity.org/2021/05/24/new-study-vaccines-are-the-likely-cause-of-adverse-effects-and-deaths-following-vaccination/

From:	CBC Ombud <ombud@cbc.ca>	**Livelink ID:**	
To:	Newsgroup <newsgroup-grp@cbc.ca>	**Sent Date:**	2021-10-5 9:33 EDT
CC:		**Received Date:**	2021-10-5 09:33 EDT
Subject:	Fwd: DRAFT RE: ESCALATE COMPLAINT: FOR YOUR INVESTIGATON		
Attachments:	CCCA Declaration Final Released. Sept26th2021.pd 1119869		

FYI... **s.16(2)(c)**

Jack Nagler
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---------- Forwarded message ----------
From: **Karen Rucas** <krahome@rogers.com>
Date: Mon, Oct 4, 2021 at 9:11 PM
Subject: RE: DRAFT RE: ESCALATE COMPLAINT: FOR YOUR INVESTIGATON
To: <ombud@cbc.ca>
Cc: BRODIE FENLON <brodie.fenlon@cbc.ca>, <don.spandier@cbc.ca>, <krahome@rogers.com>

Mr. Nagler,

With all due respect, first you note that *"it is untrue that Ivermectin is approved in Japan"* when indeed it has been approved for EUA, similar to the C19 vaccines. Then you note that Mr. Ozaki is not the Health Minister. You are right. Instead he wields a powerful force over 6,000 doctors in the capital of Japan as the **President of the Tokyo Medical Association**. Sorry, for the confusion, but it's difficult to keep all of it straight when stories are moving so very quickly.

But if you are saying that, because he is not the Health Minister, the Government of Japan is not on board with respect to Ivermectin, let's examine that.

With respect to the Japanese government's endorsement of Ivermectin, you'll notice that this is a 2021 article which reads: "Japan has admitted to using ivermectin for COVID-19 treatment from the **"New Coronavirus Infection (COVID-19) Medical Care Guidelines 2nd Edition"** announced on **May 18, 2020**. In the world, Japan is classified as a country where ivermectin is used." Furthermore, the "**Minister of Health, Labor and Welfare** Tamura replied in the Diet that "it [Ivermectin] can still be used for off-label use. There is also a way to take (ivermectin) at a medical institution and wait at home." If this can be done easily, the Tokyo Metropolitan Medical Association should not have to bother to insist that "ivermectin should be used."

Let's get to the crux of the matter. **Misinformation by CBC.** You note that I can be skeptical of Health Canada and the FDA agencies. It's not ME who should be skeptical---it's the CBC!! It's our national news network that has to always be skeptical of what information (or misinformation) they are being fed by our government and their agencies! Yes, both the FDA and Health Canada have not approved Ivermectin because of Merck's insistence that Ivermectin "does not work". Ergo the conflict of interest. But CBC also said it was not a "proven" treatment, when in fact it is a proven treatment! I forwarded you just a handful of studies, which span the globe ,demonstrating the "proven" efficacy of Ivermectin. It's the job of the CBC investigational journalist to ask:

- Why has Japan approved the off-label use of Ivermectin and not Health Canada?
- Why has Peru seen plummeting C19 cases after introducing Ivermectin?
- Why is the government of El Salvador giving Ivermectin to its citizens for free?
- Why has Uttar Pradesh (240 million people) seen a crash in the cases and deaths of C19 after using Ivermectin?
- Why did the UK advisor to the WHO advise them to stop the vaccines in favour of early treatment using Ivermectin?
- Why was there a global summit on September 12-14, 2021 held in Rome Italy regarding the early treatment of C19 with a combination of drugs including Ivermectin?
- Why was the inventor of the mRNA vaccine technology, Dr. Robert Malone, heading up the global summit in Rome; and what did he say when he met with a Cardinal in Vatican City about the dangers of the mRNA vaccines, why we should stop the vaccine program, and why countries should start early, outpatient treatment of C19?
- Why won't Merck endorse its own (off-patent) drug for the treatment of C19?
- Etc...

Mr. Nagler, CBC started this complaint by **misinforming the public about Ivermectin**. Now it's imperative that CBC make a correction by addressing the FACTS and SCIENTIFIC EVIDENCE behind each of the above-listed questions rather than hiding the truth from the Canadian public. The truth is slowly coming out, and more and more Canadians are finding it without turning on their TVs. If CBC continues in this vein, many Canadians (who know the facts like I do) will suspect that CBC has a conflict of interest, will demand to stop taxpayer funding the CBC and, like me, turn off their televisions.

For your further information, I have attached a paper from the CCCA providing all the scientific facts as we know them today. *(It has been released to every MP and MPP in the country but didn't see its release on CBC).* I look forward to Mr. Fenlon's response in "twenty days" if he feels this inexcusable mess can wait that long.

Sincerely,

Karen Rucas, B.Sc.O.T. Reg (Ont)
Occupational Therapist with training & expertise in life care planning
Life Care Planning Consultant
Cellular: 416-918-0261
Home office: 647-343-2803

From: CBC Ombud [mailto:ombud@cbc.ca]
Sent: October-04-21 2:13 PM
To: Karen Rucas
Cc: BRODIE FENLON; Don Spandier
Subject: Re: ESCALATE COMPLAINT: FOR YOUR INVESTIGATON

Dear Ms. Rucas,

Dr. Haruo Ozaki is not the Health Minister of Japan. He is the chair of the Tokyo Medical Association and I presume a prominent doctor there, but he does not make decisions on behalf of the Japanese government. So yes, my source was accurate.

As for your comments about the three CBC articles (two on Sept. 1 and another on Sept 3), I will ask CBC to provide you with a brief explanation of whey they felt comfortable publishing the statement "Some trials were run to determine whether the drug has anti-viral properties, but reviews found no evidence the drug was effective."

To that end, I have shared this email exchange with Mr. Fenlon, along with a request that he address that concern.

Programmers are asked to try to reply within twenty working days.

I note, however, that CBC reported accurately in those articles that both Health Canada and the U.S. Food and Drug Administration have urged people not to use Ivermectin to treat COVID-19. You are welcome to be skeptical of those agencies, but that skepticism is insufficient grounds for requesting a further review by my office.

Sincerely,

Jack Nagler
CBC Ombudsman
ombud@cbc.ca
www.cbc.ca/ombudsman

CBC Radio-Canada

On my website: Subscribe to reviews

On Mon, Oct 4, 2021 at 11:17 AM Karen Rucas <krahome@rogers.com> wrote:

> Dear Mr. Nagler,
>
> Thank you for your response.
>
> In terms of the Japan story, you might wish to ensure that ***your*** sources are accurate. Here is the press conference with the Health Minister in Japan in his own words, and here is an interview (which is translated from Japanese to English).
>
> Mr. Nagler, I'm not complaining about "different" coverage—I'm complaining about biased, one-sided and misleading coverage. Here are the stories I'd like the **Office of the CBC Ombudsman** to investigate:
>
> > 3 CBC Stories: MISINFORMATION was provided by this CBC story on September 1, 2021 and this one on September 1, 2021 and this one on September 3, 2021.
> >
> > where they state there are "**unproven claims** that the medicine can be used to treat COVID-19" and state, "Some trials were run to determine whether the drug has anti-viral properties, **but reviews found no evidence the drug was effective**.
>
> Here are all the studies proving the efficacy of Ivermectin. https://www.dropbox.com/t/CwXzSEkqcSui4g6k
>
> FYI: In terms of Merck repurposing Ivermectin, I guess that would fall under investigative journalism to discover exactly what is in their new "wonder" drug. I've seen CBC's Marketplace do this sort of work in the past. This notwithstanding, Merck has a conflict of interest with respect to Ivermectin and they have misled Health Canada. Where is this ever mentioned? Merck, along with many pharmaceutical companies cannot be wholly trusted based on their bad track record. This may or may not be a story CBC wishes to investigate.
>
> I look forward to your investigation findings with respect to these 3 misleading Ivermectin stories. Thank you for your time.
>
> Sincerely,
>
> Karen Rucas, B.Sc.O.T. Reg (Ont)
> Occupational Therapist with training & expertise in life care planning
> ***Life Care Planning Consultant***
> Cellular: 416-918-0261
> Home office: 647-343-2803
>
>
>
> **From:** CBC Ombud [mailto:ombud@cbc.ca]
> **Sent:** October-04-21 10:45 AM
> **To:** Karen Rucas
> **Cc:** BRODIE FENLON; Don Spandier
> **Subject:** Re: Worldwide coverage of COVID-19
>
> Dear Ms. Rucas,

It is evident that you would like CBC News to be providing very different coverage of COVID-19 and vaccinations than you are seeing.

However, that does not mean that CBC's coverage has been biased or inaccurate.

There is a great deal of information that can be found online which is rather unreliable. For instance, you have claimed in a couple of your emails that Japan has approved use of Ivermectin for treatment of COVID. That is untrue. Similarly, there is zero evidence at the moment that Merck's new proposed treatment drug is simply a repurposed, re-named Ivermectin.

On the other matters, I have told you that as Ombudsman I have no say in setting editorial priorities for CBC News. I understand that you were able to express your concerns about those priorities in a phone conversation with Don Spandier.

The expectation I have for CBC is that they report information which is verified and/or properly attributed. You are welcome to file a complaint about a particular CBC story that you believe fails to do that. But this office was not created to validate or invalidate information that you have encountered elsewhere and find compelling.

Sincerely,

Jack Nagler
CBC Ombudsman
ombud@cbc.ca
www.cbc.ca/ombudsman

CBC Radio-Canada

On my website: Subscribe to reviews

On Mon, Oct 4, 2021 at 8:31 AM Karen Rucas <krahome@rogers.com> wrote:

> Dear Mr. Fenlon and Mr. Nagler,
>
> Here are just a few articles that represent news from around the world with respect to how other countries are managing the coronavirus situation, yet these stories don't ever see the light of day on CBC. I check my newsfeed regularly.
>
> - Norway DROPS All Restrictions And Chooses To LIVE With Covid - here
> - Norway reclassifies Covid-19: No more dangerous than ordinary flu here
> - Japan to lift all coronavirus emergency steps nationwide - Guelph News here
> - Japan green lights Ivermectin here
> - Denmark: https://www.cityam.com/denmark-declares-epidemic-under-control-as-it-downgrades-covid-19/
> - Turkey: https://www.reuters.com/world/middle-east/turkeys-erdogan-says-easing-covid-19-restrictions-further-july-2021-06-21/
> - Worldwide Declaration that more than 5200 physicians and scientists have already
>
> Merck & CBC's Story
>
> On another note, through my own research (I'm not a journalist) **Health Canada informed me that Merck discredited its own off-patent Ivermectin** as a treatment for COVID-19; that's why it is not approved for use in Canada to treat C19, yet it's approved in Japan and in 36 other countries. Ivermectin, however, does work as an anti-viral and anti-inflammatory and has seen success in over 65 trials to treat C19 around the world.
>
> Coincidentally, however, Merck agreed to a manufacturing partnership with Johnson & Johnson to boost production of the latter's Covid vaccine. And, as CBC announced just recently, Merck is awaiting EUA for its "new" anti-viral pill called molnupiravir! *Doesn't this bit of news peak your interest as a journalist?* **Canadians have suffered and died without early treatment with Ivermectin because of Merck's conflict of interest, *not once but twice*!** *And, aren't you even a bit curious as to what is in this "new" pill? Maybe ivermectin re-packaged?*
>
> *Let's see how Merck fares in the courts. Here's one story about a case against Merck wrt Vioxx; and this case* where the court case, United

States v. Merck & Co., stems from claims by two former Merck scientists that Merck **"fraudulently misled** the government and omitted, concealed, and adulterated material information regarding the efficacy of its mumps vaccine in violation of the FCA [False Claims Act]"

How did CBC misinform the public?

The CBC news recently covered the story regarding Merck's "new" oral anti-viral pill called molnupiravir The CBC story did not mention that Merck also produces Ivermectin (you know, that "horse-deworming" medication that CBC was trashing not but a week ago!) and, worse still, the CBC story continued to tout the efficacy rate of the vaccines at 95% (RRR) when Israel acknowledges that the efficacy rate (RRR) of Pfizer is below 39% against the delta variant. To add insult to injury, Pfizer's own test results shows that the ARR (absolute risk reduction) is about 1%. Here's the important stuff that any journalist worth their salt should have delivered:

> The FDA guideline entitled, Communicating Risks and Benefits, indicates that ***"Provide absolute risks, not just relative risks. Patients are unduly influenced when risk information is presented using a relative risk approach; this can result in suboptimal decisions. Thus, an absolute risk format should be used."***

Canadians are being fed a steady diet of misinformation and lack of information by the CBC Broadcasting network. It must stop.

I must ask the obvious question: Is CBC purposely suppressing specific news stories about:

1) the true efficacy of the C19 vaccines?

2) those countries lifting C19 restrictions who now treat C19 like a bad flu and/or use Ivermectin?

3) stories around early successful treatments such as Ivermectin which is being used in 37 countries around the world? E.g. Peru, El Salvador

4) Worldwide protests regarding vaccine mandates and passports;

5) Complete totalitarian lockdown of Australia where police are shooting protesters with rubber bullets here—it looks like a warzone there... **but we hear crickets from CBC?**

On numerous occasions, I have provided evidence that CBC is not meeting their journalistic requirement to deliver balanced, fair and comprehensive reporting regarding the most substantive story of our generation. I have not heard from Mr. Fenlon, so I'm asking Mr. Nagler to contact me directly this morning regarding how our national broadcaster, sadly and concerningly, is letting Canadians down despite being funded, in large part, by taxpayer money.

Mr. Nagler, I can be reached at either number listed below. I look forward to hearing from you.

Sincerely,

Karen Rucas, B.Sc.O.T. Reg (Ont)

Occupational Therapist with training & expertise in life care planning

Life Care Planning Consultant

Cellular: 416-918-0261

Home office: 647-343-2803

–
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From:	Laura McIsaac <laura.mcisaac@cbc.ca>	**Livelink ID:**	
To:	Cathy Perry <cathy.perry@cbc.ca>, MICHAEL GRUZUK <michael.gruzuk@cbc.ca>, Catherine Gregory <catherine.gregory@cbc.ca>, CATHRIN BRADBURY <cathrin.bradbury@cbc.ca>, Greg REAUME <greg.reaume@cbc.ca>, Tracy Seeley <tracy.seeley@cbc.ca>, George Achi <george.achi@cbc.ca>	**Sent Date:**	2022-3-14 2:10 EDT
		Received Date:	2022-3-14 14:10 EDT
CC:			
Subject:	Fwd: Free BBC conference: Trust In News		
Attachments:	image001.jpg 25314		

Hi all!

I have placed the link in your calendars for the 29th/ 30th. Let me know if you need me to block any times needed for a particular session.

:) L.

-------- Forwarded message ---------
From: **BRODIE FENLON** <brodie.fenlon@cbc.ca>
Date: Fri, Mar 11, 2022 at 7:37 AM
Subject: Free BBC conference: Trust In News
To: Alison Broddle <alison.broddle@cbc.ca>, ANDREE LAU <andree.lau@cbc.ca>, Catherine Gregory <catherine.gregory@cbc.ca>, CATHRIN BRADBURY <cathrin.bradbury@cbc.ca>, Cathy Perry <cathy.perry@cbc.ca>, Chris Carter <chris.carter@cbc.ca>, Francis D'Souza <francis.dsouza@cbc.ca>, Greg Reaume <greg.reaume@cbc.ca>, Jennifer Harwood <jennifer.harwood@cbc.ca>, Joanne McPherson <joanne.mcpherson@cbc.ca>, KARYN PUGLIESE <karyn.pugliese@cbc.ca>, KENNY YUM <kenny.yum@cbc.ca>, Marie Caloz <marie.caloz@cbc.ca>, Michael Dick <michael.dick@cbc.ca>, MICHAEL GRUZUK <michael.gruzuk@cbc.ca>, Seema Patel <seema.patel@cbc.ca>, Tracy Seeley <tracy.seeley@cbc.ca>, ZEELAF MAJEED <zeelaf.majeed@cbc.ca>, Daily News Executive Producers <[redacted], Local Services Managing Editors <[redacted]ocal news execs <[redacted]
Cc: Susan Marjetti <susan.marjetti@cbc.ca>

The BBC-organized **Trust In News** Conference returns this month. It's two free, virtual days with some excellent speakers and a focus on disinformation, Ukraine, a masterclass on verifying images & video, etc.

See details and registration link below. Please share with anyone on your team who might be interested in attending:

-------- Forwarded message ---------
From: [redacted]
Date: Mon, Mar 7, 2022 at 6:27 AM
Subject: Trust in News invite update

Tomorrow marks just three weeks to go until our TNI **Trust in News Conference**, thank you to everyone who has shared the invite within their organisations and networks. A lot has happened in the disinformation landscape in the past fortnight and we have been updating the conference programme to reflect the situation in Ukraine.

- Opening the conference will now be a session specifically looking at disinformation around the war in Ukraine.
- Our visual debunking masterclass on day 1 will feature up to date examples from the past few weeks.
- We've now published the names of the speakers who'll be joining us from across the world. (day one list & day two list)

Please do continue to share the invite - we've put together a dropbox of graphics which might assist your internal comms and there are tweets about the conference on the BBC Academy account which can be retweeted. A reminder that this is a free event open to anyone.

Best wishes,
[redacted]

You are warmly invited to join us for the BBC & Trusted News Initiative
Trust in News 2022 conference.

A two day, virtual event where we'll explore the challenges in tackling disinformation and give you some of the tools you need to debunk or verify what you see online.

Packed with practical presentations and workshops, we'll hear from those covering disinformation around the war in Ukraine, explore how to help audiences understand other major news stories and question tech platforms on their plans to tackle disinformation.

Visit our website for more info and to book:
bbc.in/TIN22website

--
Brodie Fenlon
Editor In Chief, Executive Director of Daily News
CBC News
Pronouns: he and him
@brodiefenlon

Amanda Pyle
Executive Assistant

amanda.pyle@cbc.ca

--

You received this message because you are subscribed to the Google Groups "Daily News Executive Producers" group.
To unsubscribe from this group and stop receiving emails from it, send an email to [redacted].
To view this discussion on the web, visit [redacted]

--

Laura McIsaac, she/ her
Executive Assistant to the CBC News Directors
CBC News

~ Have a Nice Day!

From:	CBC Ombud <ombud@cbc.ca>	**Livelink ID:**	
To:	Newsgroup <newsgroup-grp@cbc.ca>	**Sent Date:**	2023-1-11 11:02 EST
CC:		**Received Date:**	2023-1-11 11:02 EST
Subject:	Fwd: FW: Breaking: Landmark Lawsuit Slaps Legacy Media With Antitrust, First Amendment Claims for Censoring COVID-Related Content . Children's Health Defense		

FYI....

Jack Nagler
CBC Ombudsman
ombud@cbc.ca
www.cbc.ca/ombudsman

CBC Radio-Canada

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---------- Forwarded message ---------
From: **Karen Rucas** <krahome@rogers.com>
Date: Wed, Jan 11, 2023 at 11:00 AM
Subject: FW: Breaking: Landmark Lawsuit Slaps Legacy Media With Antitrust, First Amendment Claims for Censoring COVID-Related Content . Children's Health Defense
To: BRODIE FENLON <brodie.fenlon@cbc.ca>
Cc: Chris Carter <chris.carter@cbc.ca>, Don Spandier <don.spandier@cbc.ca>, <ombud@cbc.ca>

Dear Mr. Fenlon,
Given CBC's participation in the Trusted News Initiative, I thought this
American lawsuit would interest you.

Breaking: Landmark Lawsuit Slaps Legacy Media With Antitrust, First
Amendment Claims for Censoring COVID-Related Content . Children's Health
Defense

https://childrenshealthdefense.org/defender/lawsuit-trusted-news-initiative-
antitrust-first-amendment-censoring-covid-content/

Sincerely,

Karen Rucas, B.Sc.O.T. Reg (Ont)
Occupational Therapist with training & expertise in life care planning
Life Care Planning Consultant
Cellular: 416-918-0261
Home office: 647-343-2803